

Request For Copy of Marriage License

Mall-in requests must be notarized by an acceptable notary public.

FEE MUST ACCOMPANY APPLICATION. Check or money order payable to: Macon County Recorder of Deeds. Macon County recording of marriage reports began 1837.

MARRIAGE STATEMENT NUMBER OF CERTIFIED COPIES _____ (Certified copies are \$9.00 per certified copy.)

FULL NAME OF FIRST PARTY _____

BIRTH SURNAME (IF DIFFERENT) _____

FULL NAME OF SECOND PARTY _____

BIRTH SURNAME (IF DIFFERENT) _____

DATE OF MARRIAGE _____

LICENSE ISSUED (CITY, COUNTY) _____

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

APPLICANT'S NAME _____ PHONE NUMBER _____

APPLICANT'S STREET ADDRESS _____

APPLICANT'S CITY/TOWN _____ STATE _____ ZIP _____

PURPOSE FOR CERTIFICATE REQUEST _____

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL

REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. _____

➤ MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.

I _____, SUBJECT TO THE PENALTY OF PERJURY, DO SOLEMNLY DECLARE AND

AFFIRM THAT I AM ELIGIBLE TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND

THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

➤ APPLICANT'S SIGNATURE _____ DATE _____

NOTARY PUBLIC EMBOSSEER SEAL

STATE COUNTY

SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, USE RUBBER STAMP IN CLEAR

AREA BELOW

THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE

MY COMMISSION _____

EXPIRES _____

NOTARY PUBLIC NAME (TYPED OR PRINTED) _____

MACON COUNTY RECORDER OF DEEDS

101 E. WASHINGTON SUITE 300

MACON, MO 63552

(660) 385-2732

recorder@maconcountymo.gov

recorder2@maconcountymo.gov

*WARNING: FALSE APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS A CRIME!