

**REQUEST FOR CERTIFIED COPY**  
**OF MARRIAGE LICENSE**

**FEE \$8.00**

Date of Request: \_\_\_\_\_

Name of Groom: \_\_\_\_\_

Name of Bride: \_\_\_\_\_  
(Maiden Name)

Date of Marriage: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Check to:  
Gray County Clerk  
PO Box 1902  
Pampa, TX 79066

**Please include Driver's License # and Date of Birth on personal checks**