

REQUEST FOR CERTIFIED COPY OF
MARRIAGE LICENSE

FEE \$8.00

Date of Request: _____

Applicant 1: _____

(Maiden Name)

Applicant 2: _____

(Maiden Name)

Date of Marriage: _____

Your Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____

Mail Certified Check or Money Order to:

Gray County Clerk

PO Box 1902

Pampa, TX 79066

(NO PERSONAL CHECKS)