

## REQUEST FOR A CERTIFIED COPY OF A MARRIAGE CERTIFICATE

## PLEASE TYPE OR PRINT

Today's Date:	Number of Copies Requested:
Full Name of Party A:	
Full Name of Party B:	
Date of Marriage: (Month/Day/Year):	
Place of Marriage:	
Name and Address of person requesting certificate:	
Relationship to Person on Record:	
Phone Number:contacted for additional information.)	(In the event you would need to be
Signature of Requester:	
Please mail this completed form to the address I	isted above.

Please include the following:

- A check made payable to the Town of Paxton for the correct amount (The fee is \$5.00 per certified copy requested.)
- A stamped, self-addressed envelope

If you have any questions, please contact the Town Clerk's office by phone at the at number listed above or by email at <a href="mailto:lbecker@townofpaxton.net">lbecker@townofpaxton.net</a>.