Request for Copy of Marriage License

All copies of marriage licenses are certified copies. FEES: \$7.00

Date of Request:	
Name of Groom:	
Name of Bride:	(maiden name)
Approximate date of Marriage: must provide at minimum a 10 year period	month/day/year l for search
Your Full Name:	, a
Address:	
City, State, Zip Code:	
Phone Number:shoul	ld we need to call you
Your Date of Birth and Driver's License Number	
	ing by personal check
Signature:	

Do not use this form except to obtain a copy of a marriage license. MAKE CHECKS-PAYABLE TO: HASKELL COUNTY CLERK PO Box 725, Haskell, Tx. 79521

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (PART III)				
	COUNTY OF	Before me on this day	appeared (APPLICANT NAME)	
now residing a	(ADDRESS)	(CHY)	(STATE)	
who is related to the person named on Part 1 as and who on oath deposes and says that the contents of this affidavit are true and correct. The applicant presented the following type and number of identification				
APPLICANT SIGNATU	RE			
	Sworn to	and subscribed before me,	thisday of,20	
Sig	Typed or Printer Commission E Street Addres	d Name xpires on s		

WARNIING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003.

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

BELIA ABILA, HASKELL COUNTY CLERK
PO BOX 725
HASKELL, TX 79521