TYPE OF	RECORD DESIRE	D (Enter Numbe	r of Copie	s)	
Search and Certified Transcript	Search and Certified Copy			Fee \$10.00 per copy	
A Certified Transcript is an abstract from the marris seal of the town/city clerk. It includes the names of residence at the time the license was issued, date a as date and place of birth of the bride and groom.  A Certified Transcript may be used as proof that a marris of the bride and groom.	the contracting parties, their and place of marriage as well	record of the marriage.  A Certified Copy may be	e needed where ay be required su	proof of p	parentage and certain other assports, veteran's benefits,
Bride/Groom/Spouse					
Name (as recorded on marriage license):					Date of Birth: (or age at time of marriage)
First Middle	Last	h	Birth Name (if di		ca 1861
If Previously Married, State Name Used at that	. Time:		Residence	(at time of	of marriage):
			of wew to	obiatus.	TIMOS 10
First Middle	Last			County	State State
Bride/Groom/Spouse					Date of Birth:
Name (as recorded on marriage license):				ne 120 A lo a	(or age at time of marriage)
First Middle	t Time:		Birth Name (if di		of marriage):
If Previously Married, State Name Used at that	Time:		Residence		
First Middle	Last			County	State
Marriage Information					I. I. D. I. J. Mar. No.
Place Where Marriage License Was Issued:	Place Where Marriage W		Marriage Certifi	cate No.	: Local Registration No. (if known)
Town or City County  Purpose for which record is required:	Town or City	County		Date of	Marriage or Period
Purpose for writch record is required.					d by Search:
In what capacity are you acting?:	What is your relationship to person whose record is required? (If self, state "SELF".)			(mm / dd / yyyy)  Search to: (if searching period) (mm / dd / yyyy)	
If attorney, give name and relationship of your client to person whose record is required:			1400000	(if searchi	ng period) (mm / aa / yyyy)
If attorney, give name and relationship of your	client to person wriose reco	ora is requirea:			
Signature of Applicant	Applicant's Phone Nur				
<b>&gt;</b>	Date:				
Name of Applicant:		Please print name and	address where	record is	s to be sent:
Address of Applicant:		Oderis (Machinist to 194 <del>8)</del> Richmanis (elso known as Staten :si			
Volk State Decarminat of Health)	f waid act the will no e Character arts to same	ris <u>868 r of rollig stor</u> of sugament to aim		wares o	
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