Request for Marriage Record

1.	1 st Person's Full Name:(include maiden name or previously married name)				
2.	2 nd Person's Full Name: (include maiden name or previously married name)				
3.	Date of Marriage:				
		ay	Year		
4.	Document Number (if known):	_ Book _	P	age	
5.	Note: If you are unsure which type of document to order, please contact us at 775-887-2084.				
	Type of Document	# of Copies	Fee	Te	otal
	Certified Copy of a Marriage Certificate		\$15.00		
	Certified Copy of an Affidavit of Application for Marriage License		\$ 7.00		
	Copy of a Marriage Certificate		\$ 1.00		
	Copy of an Affidavit of Application for Marriage Application		\$.50		
			Subtotal	\$	
	Transaction Fee (credit card only)		charged		
	Total Amount charged on credit card \$_				
7. 8.	Send this form and fee to: Carson City Marriages, 885 E Me Return To:			arson City, —	NV 89701
9.	Contact Phone Number and/or email address: (i) COMPLETE THIS SECTION FOR CE (A transaction fee of 3% of total purchase will)	REDIT CARD			r request)
0.	Credit Card #:////		MC	VISA	(only)
	Expiration Date: 3-digit se	curity code	on back of ca	rd	
	Name as it appears on credit card:				
	Billing Address:	 -			
	iage Certificate requests are normally filled within 3-5 days of receiving the US Post Office. However, if you would like to expedite the pr	ng the reques	t and are returr		