

ELODIA M. GARZA
DUVAL COUNTY CLERK
P O BOX 248
SAN DIEGO, TEXAS 78384

APPLICATION FOR MARRIAGE LICENSE

\$8.00 - Certified Copy

Office Use Only
License# _____ Amount \$ _____
Bk# _____ Pg# _____ Cashier _____

PLEASE PRINT

1. Full Name of Male on License	First Name	Middle Name	Last Name
2. Full Name of Female on License	First Name	Middle Name	Last Name
3. Date of Marriage	Month	Day	Year

4. Applicant's Name: _____

5. Mailing Address: _____ Street Address _____ City _____ State _____ Zip Code _____

6. Telephone #: (____) _____

7. Relationship to Person Named in Item 1: _____

8. Purpose for Obtaining this Record: _____

Signature of Applicant _____ Date _____

Identification Type _____ Number _____
Attach a Photo Copy _____ Drivers License, I.D. Card, etc. _____
On Drivers License, I.D. Card, etc.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

If the certified copy is to be mailed to some other person, please complete:

Name _____ Street Address _____
City _____ State _____ Zip Code _____