

Marriage Record Request Form



Union County provides this Marriage Record Request Form to efficiently manage your request for records and to avoid delays and confusion. *A written request is not mandatory, and you may decline to identify yourself.* If you do not wish to make a written request, or do not wish to reveal your identity, please call the Union County Records Center & Archives at (937) 645-4177 or Office of the Union County Probate Clerk at (937) 645-3029 to make your request.

| | Date of Request: | | |
|---|---------------------|-----------------------------------|---|
| Requestor Name (No | ot Required): | | |
| Street/Mailing Addr | ress: | | |
| City: | | State: | Zip: |
| Telephone (Optional): | | Email (Optional): | |
| Marriage Record I Please provide as m you seek. You may a | uch specific detail | _ | an identify the Marriage Record that |
| Applicant 1 Name: _ | First | Middle | Last (at Time of Application) |
| Applicant 2 Name: _ | First | Middle | Last (at Time of Application) |
| Date of Marriage: | Month | Day | Year |
| Do you want a <i>Certi</i> | | Iarriage Record? ☐ Yes ☐ | |
| Number of Copies R | Requested: | | |
| Certified photocopi marriage records a | _ | cords are \$2.00 each. Re | gular, uncertified photocopies of |
| To receive certified | or regular photoco | pies of the requested Marr | iage Record, please: |
| ☐ Include check or | money order paya | able to the <u>Union County P</u> | robate Court for the total amount due. |
| Marysville, Ohio | o 43040. | - | Court, 215 W. Fifth Street, Room B06, |
| · | - | envelope for the return of y | , , |
| | | <u> </u> | ipt of payment. Payment will not be brough the mail, it is not recommended. |
| | | FOR OFFICE USE ONLY | |
| Received by: | | Date: | |
| Request Number: | R | equest submitted via: □ E-m | ail □ Mail □ Fax □ In Person □ Telephone |
| | | W | |