

REQUEST FOR COPY OF MARRIAGE LICENSE

BRIDE'S NAME _____

MAIDEN NAME _____

HUSBAND'S NAME _____

DATE OF MARRIAGE _____

Please send a check for \$1.00 per copy needed, or \$5.00 per copy for certified copies.

**MAIL TO: GARLAND COUNTY CLERK
501 OUACHITA AVE, ROOM 103
HOT SPRINGS, AR 71901**

WE CAN ONLY PROVIDE COPIES OF MARRIAGE LICENSES THAT WERE ISSUED IN GARLAND COUNTY.

THANK YOU