PLEASE RETURN THIS FORM TO: VITAL RECORDS, 2600 SKYLAND DRIVE, NE, ATLANTA, GA 30319

MARRIAGE CERTIFICATE REQUESTS Please indicate below the type and number of copies requested and forward this form with either a money order or certified check for the

Contact their office con COMPLETE ALL IN Groom's Name: Bride's Name: Date of Divorce: Place of Divorce: Signature of Requestor Relationship (if other to the standard of the standar	(First) (Month) (City) r:than Bride or Groom):than Bride or Groom):than address of the person to ficate:	(Middle) (Middle) (Day) (County) whom the certificate is to be mailed and indicate the second of	heir relationship to the person whose
Contact their office con COMPLETE ALL IN Groom's Name: Bride's Name: Date of Divorce: Place of Divorce: Signature of Requestor Relationship (if other to the content of the con	(First) (Month) (City) r:than Bride or Groom):than Bride or Groom):than Bride or Groom:than Bride or Groom:	(Middle) (Day) (County) whom the certificate is to be mailed and indicate t	(Last) (Year) (State) heir relationship to the person whose
Contact their office con COMPLETE ALL IN Groom's Name: Bride's Name: Date of Divorce: Place of Divorce: Signature of Requestor Relationship (if other to	(First) (Month) (City) r:than Bride or Groom):	(Middle) (Day) (County)	(Last) (Year) (State)
Contact their office con COMPLETE ALL IN Groom's Name: Bride's Name: Date of Divorce: Place of Divorce: Signature of Requestor	(First) (First) (Month) (City)	(Middle) (Middle) (Day) (County)	(Last) (Year)
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Contact their office con COMPLETE ALL IN Groom's Name: Bride's Name:	(First)	(Middle)	(Last)
Contact their office con COMPLETE ALL IN Groom's Name:	(First)	(Middle)	
Contact their office con COMPLETE ALL IN			(Last)
Contact their office con COMPLETE ALL IN	NFORMATION FOR THE DIV	ORCE VERIFICATION BEING REQUESTED:	
	ncerning their fee requirements, a	as their prices may differ from our prices.	
	to this date, complete this applica	d at the Clerk of the Superior Court in the county where tion and mail it to the Clerk of the Superior Court in the	
[] One Certified S	Statement \$10.00; Additional state	ements are \$5.00 at this time [] Total Nu	mber of Statements Requested
Please indicate below t	RIFICATION REQUENTS the type and number of verification to Vital Records. Divorce records	STS ONLY ons requested and forward this form with either a money ds are kept for statistical purposes only; therefore, copie	y order or certified check for the correct s are never issued by the State Office.
Relationship (if other	than Bride or Groom):		
Signature of Requestor	r:		
Place of Marriage:	(City)	(County)	(State)
Dute of Mairiage.	(Month)	(Day)	(Year)
Date of Marriage:	(First)	(Middle)	(Last)
Bride's Name:		(i-induic)	(2001)
Groom's Name:	(First)	(Middle)	(Last)
COMPLETE ALL IN	NFORMATION FOR THE MA	RRIAGE RECORD BEING REQUESTED:	
υ		d at the Office of the Probate Judge in the county where lication and mail it to the county's Probate Court's offic rices may differ from our prices.	
marriage certificate pri			,
NOTE: Records prior marriage certificate pri	opy \$10.00; additional copies	are \$5.00 each at this time	Total Number of Copies Requested