

FOR CLERKS USE :

Date paid _____

At time of application

Received in mail

On hold awaiting license

Date: _____

Mail to:

Marion County Clerk's Office
PO Box 14500
Salem, OR 97309-5036

Request for Certified Marriage License(s)

_____ (Groom)
_____ (Bride – name before marriage)
_____ (Date of marriage)
_____ (Certificate # - optional)

I request the following:

_____ Certified Copy(s) x \$4.00 each =\$ _____
(insert #)

Enclosed is a check or money order in the amount of: \$ _____
Please make checks payable to: Marion County Clerk

**PLEASE ALLOW 10 DAYS FOR PROCESSING IF MAILING TO CLERKS OFFICE
THANK YOU**

Please mail the license(s) to the following name and address:

_____ (Name)

_____ (Street)

_____ (City, State & Zip)

_____ (Telephone for questions)