

REQUEST FOR COPY OF MARRIAGE RECORD

(PLEASE PRINT)

Full Legal Names (Prior to Marriage)

First Applicant _____

Second Applicant _____

Date of Marriage _____

County in which you applied for license _____

Is this copy desired for VA Benefits? ___ Yes (furnish claim form) ___ No

Name and Address of person completing this form:

Name _____

Address _____

City, State, Zip Code _____

FEES: \$9.00 FOR EACH CERTIFICATE

Number of copies requested _____

**PLEASE MAKE CHECKS PAYABLE TO:
ROCK COUNTY LAND RECORDS**

**MARRIAGE RECORDS ARE ON FILE IN THE COUNTY WHERE LICENSE WAS
PURCHASED.**

Requests may be submitted by mail to:

Rock County Land Records

Attn: Vitals Division

P. O. Box 509

Luverne, MN 56156-0509