

**SOMERVELL COUNTY, TEXAS
APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE
\$6 PER CERTIFIED COPY**

DATE:	NUMBER OF COPIES REQUESTED:
FULL NAME OF GROOM:	
FULL MAIDEN NAME OF BRIDE:	
DATE OF MARRIAGE:	
\$ _____ FOR _____ COPY(IES).	

APPLICANT'S PRINTED NAME:
APPLICANT'S SIGNATURE:
ADDRESS:

\$5 VOLUNTARY CONTRIBUTION TO PROMOTE HEALTHY EARLY CHILDHOOD BY SUPPORTING the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health and Human Services Commission

Yes **No**

TOTAL ENCLOSED IS \$ _____

FOR CLERK'S USE

VOLUME _____ PAGE _____	PAID \$ _____ (CASH, CHECK, MONEY ORDER)	CLERK'S FILE MARK
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