

# APPLICATION FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE

WHARTON COUNTY CLERK  
BARBARA SVATEK  
PO BOX 69  
WHARTON, TX 77488  
979-532-2381

DATE: \_\_\_\_\_

# Requested

\_\_\_\_\_ Certified Copy x \$21.00 = \$ \_\_\_\_\_

**(CASHIERS CHECK OR MONEY ORDER ONLY)**

1.Full Name of Person 1	First Name	Middle Name	Last Name
2.Full Name of Person 2	First Name	Middle Name	Last Name
3. Date of Marriage	Month	Day	Year

4. APPLICANT'S NAME: \_\_\_\_\_ 5. TELEPHONE #: \_\_\_\_\_

6. MAILING ADDRESS: \_\_\_\_\_  
STREET NAME CITY STATE ZIP

7.. \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_ DATE