CARVER COUNTY

REQUEST FOR COPY OF MARRIAGE RECORD

(PLEASE PRINT)

FULL LEGAL NAMES PRIOR TO THIS MARRIAGE:

First Applicant: _____ _____ _____
First Middle Last

Second Applicant: _____ _____ _____
First Middle Last

DATE OF MARRIAGE: _____
MM/DD/YYYY

County in which you applied for license _____
Note: Marriage records are on file in the county where **application** was made

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

Name and Address of person completing this form:

Name _____ Phone: _____

Address _____

City, State, Zip Code _____

Quantity Requested _____ $9 each copy

Requests may be submitted by mail to:

Land Records & Vitals Department
Carver County Administration Building
Attn: Vitals
600 East 4th Street
Chaska, MN 55318-2102

PLEASE MAKE CHECKS PAYABLE TO:
CARVER COUNTY

FOR OFFICE USE ONLY: Initials _____ Tran # _____ Cash/Check # _____ # of Certs _____ Total $ _____

If applying via mail and paying by credit card (MasterCard/VISA/Discover):

Name on card	Card number	Expiration date	3 digit security code