



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:

Carver County Taxpayer Services
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 |
|--------------|-------------|-----------------|-----------------------|