

# MARRIAGE REQUEST FORM

**PHOTO ID REQUIRED (see website for details)**

**Fees: \$19.00 for search/first copy if found, \$6.00 for each additional copy of same record.**

**Name of Husband** \_\_\_\_\_  
First Name Middle Name Last Name

**Wife's Name at Time of Marriage** \_\_\_\_\_  
First Name Middle Name Last Name

**Date of Marriage** \_\_\_\_\_

**Place of Marriage** \_\_\_\_\_  
City, Town, or Village

*Fraudulent use of any vital records is a Class 4 Felony punishable by imprisonment of up to three (3) years and a fine of \$10,000 or both (410 ILCS 535/27). I do hereby certify that, as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled to a certified copy according to the Vital Records Act contained in the Illinois Compiled Statutes.*

\_\_\_\_\_  
Signature of Person Requesting Copy

**Address** \_\_\_\_\_  
Street City State Zip

**Phone** (\_\_\_\_\_) \_\_\_\_\_  
Relationship of Person Requesting Copy

**DO NOT SEND THIS COMPLETED FORM VIA FAX OR INTERNET, IT MUST HAVE YOUR ORIGINAL SIGNATURE, PER ILLINOIS LAW. OUR ADDRESS TO MAIL THIS FORM IS:**

**MONTGOMERY COUNTY CLERK  
PO BOX 595  
HILLSBORO, IL 62049**

**QUESTIONS? CALL US AT (217) 532-9530 M-F 8 am TO 4 pm**