

REQUEST FOR COPY OF  
MARRIAGE LICENSE

HOUSTON COUNTY, TEXAS

Number of copies requested: \_\_\_\_\_

PLEASE PRINT

LICENSE INFORMATION

1. FULL NAME APPLICANT 1	First Name	Middle Name	Last Name
2. FULL NAME APPLICANT 2	First Name	Middle Name	Last Name (Maiden Name)
3. DATE OF MARRIAGE	Month	Day	Year

4. Name of person requesting record: \_\_\_\_\_

5. Telephone number of person requesting record: \_\_\_\_\_

6. Mailing address of person requesting record: \_\_\_\_\_

7. Relationship to applicants listed in the chart above: \_\_\_\_\_

8. Purpose for obtaining record: \_\_\_\_\_

9. Identification of person requesting record: \_\_\_\_\_

10. If copy is to be mailed to some other person, please complete:

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

OFFICE USE ONLY

Vol/Page \_\_\_\_\_

Date Issued \_\_\_\_\_

By \_\_\_\_\_