

RUNNELS COUNTY, TEXAS
APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD
PLEASE READ THE INSTRUCTIONS ON PAGE BEFORE COMPLETING THIS APPLICATION

I would like a Certified Copy. This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT (select from the list below)

County Clerk, Runnels County
613 Hutchings Avenue, Room 106
Ballinger, Texas 76821

NOTE: documents are certified copies of the original document on file with our office.

Fee: **\$ 7 per copy** send check or money order payable to:
RUNNELS COUNTY CLERK * DO NOT SEND CASH*

PLEASE ATTACH CHECK HERE

- To receive a Certified Copy I am:
- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. (Legal guardian must provide documentation.)
 - A party entitled to receive the record as a result of a court order. (Please include a copy of the court order.)
 - A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
 - A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
 - An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
 - Appointed rights in a power of attorney, or an executor of the registrant's estate. (Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date:

Agency Name (if applicable)		Agency Case Number	Inmate ID Number	
Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address - Number, Street		Amount Enclosed - DO NOT SEND CASH \$ _____ Check \$ _____ Money Order		Number of Copies
City		Mailing Address of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ()	Country	City	State	ZIP Code

MARRIAGE RECORD INFORMATION (PLEASE PRINT OR TYPE)
Complete First Person and Second Person information below as shown on the marriage record, to the best of your knowledge.

Name of First Person - FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Birth (MM/DD/CCYY)	County of Birth	Father/Parent of First Person (First, Middle, Last)	
Name of Second Person - FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Birth (MM/DD/CCYY)	County of Birth	Father/Parent of Second Person (First, Middle, Last)	
Date of Marriage - Month, Day, Year	If Date Unknown, Enter Year(s)	County That Issued License	County Where Marriage Took Place