



Request for Copy of Marriage License

All copies of marriage licenses are certified copies.

Fee is \$12.00

Date of Request: _____

Name on license: _____

Name on license: _____
(maiden name if applicable)

Approximate date of Marriage: _____ month/day/year
must provide at minimum a 10 year period for search

Your Full Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

should we need to call you.

Your Date of Birth and Driver's License Number

if you are paying by personal check

Signature: _____

This form is only to obtain marriage license copies.

Mail the completed form and payment to Taylor County Clerk's Office, 300 Oak Street, Suite 100, Abilene, Texas, 79602