

MADISON COUNTY
MARRIAGE LICENSE RECORDS
CERTIFIED COPY
REQUEST FORM

NUMBER OF COPIES _____
@\$8.00 EACH

NAME OF APPLICANT 1: _____

NAME OF APPLICANT 2: _____

MARRIAGE DATE: _____

---REQUESTOR---

NAME: _____

ADDRESS

SIGNATURE

DATE

CLERK'S USE:

VOLUME _____ PAGE _____ CLERK'S INITIALS _____

**Mail to: Madison County Clerk
103 W. Trinity St., Ste. 104
Madisonville, TX 77864**

****Include a self-addressed stamped envelope
for return.**