

**ELIZABETH A. KOUBA**  
COUNTY CLERK, LAVACA COUNTY  
P.O. BOX 326  
HALLETTSVILLE, TEXAS 77964  
TEL. NO. (361) 798-3612  
FAX NO. (361) 798-1610

**Request for Certified Copy/Copies of a Marriage License**

DATE: \_\_\_\_\_ Doc # \_\_\_\_\_ ONE PAGE: \$7.00  
# of Copies \_\_\_\_\_ Volume: \_\_\_\_\_ Page: \_\_\_\_\_ TWO PAGES: \$8.00

**(Please fill in all known information)**

NAME ON RECORD: \_\_\_\_\_  
First Middle Last

NAME ON RECORD: \_\_\_\_\_  
First Middle Last

DATE OF MARRIAGE: \_\_\_\_\_  
(MM/DD/YYYY)

PLACE: \_\_\_\_\_  
CITY OR TOWN COUNTY STATE

\_\_\_\_\_ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services.

TYPE OF REQUEST: (CHECK ONE)  
 IN PERSON  
 BY MAIL

X \_\_\_\_\_  
Signature of Requestor

PHONE# \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Requestor

INCLUDE RETURN ADDRESS AND CONTACT INFORMATION IF THE COPIES NEED TO BE MAILED BACK TO YOU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, DEPUTY CLERK