

BARBARA K. STEFFEK

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