

ML# _____
C/Copy Marriage License
\$10.00 each
Total Costs: _____

ARANSAS COUNTY CLERK
MISTY KIMBROUGH
2840 HWY 35 N
ROCKPORT, TEXAS 78382
361-790-0122

APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE

PLEASE FILL OUT THE FOLLOWING INFORMATION LISTED ON MARRIAGE LICENSE:

1. NAME OF APPLICANT 1: _____
(AT THE TIME MARRIAGE LICENSE WAS ISSUED)

2. NAME OF APPLICANT 2: _____
(AT THE TIME MARRIAGE LICENSE WAS ISSUED)

3. DATE OF MARRIAGE: ____ / ____ / ____

4. 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. Yes ____ No ____

YOUR SIGNATURE: _____ DATE: ____ / ____ / ____