

**CERTIFIED COPY OF MARRIAGE LICENSE
ORDER FORM**

**\$5.00 Each – CASH OR M.O. ONLY
NO PERSONAL CHECKS
M.O. PAYABLE TO LAWRENCE COUNTY ORPHANS' COURT**

I would like to order: _____ certified duplicate marriage license(s)

APPLICANT ONE'S NAME:

LAST, FIRST, M. (MAIDEN)

APPLICANT TWO'S NAME:

LAST, FIRST, M. (MAIDEN)

Address (City, State, Zip Code)

_____ **(PH # & EMAIL, IF ANY)**

DATE OF MARRIAGE: _____ LICENSE # (if known) _____

MAIL REQUEST & MONEY ORDER/CASH TO:

**LAWRENCE COUNTY CLERK OF ORPHANS' COURT
430 COURT STREET**

***MUST INCLUDE A SELF-ADDRESSED ENVELOPE WITH REQUEST**