| OFFICE USE ONLY |
|---|
| Cert # ______ |
| DOCUMENT CONTROL # ______ |
| By______ |

| OFFICE USE ONLY |
|---|
| Remit No. ______ |
| Amount $______ |
| Payment Method ______ |
| Date______ |
| By______ |

# MAIL APPLICATION FOR MARRIAGE/DIVORCE VERIFICATION OR MARRIAGE APPLICATION

**PLEASE PRINT**

| Type | Cost | Total |
|---|---|---|
| Marriage verification | $20.00 | |
| Divorce verification | $20.00 | |
| Marriage application | $20.00 | |
| Return by ☐ Overnight ($8) or ☐ Express Mail ($22.95) | $8.00 or $22.95 | $8.00 or $22.95 |
| **Total (Check or Money Order enclosed)** | | |

*Processing time for most request is 6 to 8 weeks from the date received.*

| | | | |
|---|---|---|---|
| 1. Full Name of Husband | First Name | Middle Name | Last Name |
| 2. Date of Marriage or Divorce | Month | Day | Year |
| 4. Place of Marriage or Divorce | City or Town | County | State Texas |
| 5. Full Name of Wife | First Name | Middle Name | Maiden Name |
| 6. Ages or Dates of Birth at time of Marriage or Divorce | Age or Date of Birth of Husband | Age or Date of Birth of Wife | |

7. YOUR NAME: ______ 8. TELEPHONE # (______) ___-______
(MON-FRI 8:00-5:00)

9. MAILING ADDRESS: ______
STREET ADDRESS CITY STATE ZIP

10. I authorize mailing to the address below. I have verified that the address below will receive my order.

Name______ Street Address______

City ______ State ______ Zip Code ______

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

**A verification is a letter verifying whether or not a marriage or divorce was recorded with the State of Texas. Marriage applications will have confidential information redacted. To order a certified copy of the marriage license, you must contact the County Clerk's Office in the county in which the marriage license was obtained. To order a copy of a divorce decree, you must contact the District Clerk's Office in the District in which the divorce was filed.**

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**APPLICATIONS WITHOUT PHOTOCOPY OF VALID ID AND SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.**

Your Signature ______ Date of Application ______

**MAIL THIS APPLICATION AND PAYMENT TO:**
**Texas Vital Records**
**Department of State Health Services**
**P.O. Box 12040**
**Austin, TX 78711-2040**