RUNNELS COUNTY, TEXAS
APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD
PLEASE READ THE INSTRUCTIONS ON PAGE BEFORE COMPLETING THIS APPLICATION

[Checkbox] I would like a Certified Copy. This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT (select from the list below)

Julia Miller
County Clerk, Runnels County
613 Hutchings Avenue, Room 106
Ballinger, Texas 76821

NOTE: documents are certified copies of the original document on file with our office.

Fee: $7 per copy send check or money order payable to:
RUNNELS COUNTY CLERK * DO NOT SEND CASH*

To receive a Certified Copy I am:
[ ] The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. (Legal guardian must provide documentation.)
[ ] A party entitled to receive the record as a result of a court order. (Please include a copy of the court order.)
[ ] A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
[ ] A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
[ ] An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate.
[ ] Appointed rights in a power of attorney, or an executor of the registrant’s estate. (Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

<table>
<thead>
<tr>
<th>Agency Name (if applicable)</th>
<th>Agency Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant</td>
<td>Signature of Applicant</td>
</tr>
<tr>
<td>Mailing Address – Number, Street</td>
<td>Purpose of Request</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State/Province</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Daytime Telephone (include area code)</th>
<th>Country</th>
<th>Mailing Address of Person Receiving Copies, if Different from Applicant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Copies</th>
<th>Amount Enclosed – DO NOT SEND CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ _______ Check $ _______ Money Order</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MARRIAGE RECORD INFORMATION (PLEASE PRINT OR TYPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete First Person and Second Person Information below as shown on the marriage record, to the best of your knowledge.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of First Person – FIRST Name</th>
<th>MIDDLE Name</th>
<th>CURRENT LAST Name</th>
<th>LAST Name (Before Marriage/Domestic Partnership)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (MM/DD/CCYY)</th>
<th>County of Birth</th>
<th>Father/Parent of First Person (First, Middle, Last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Second Person – FIRST Name</td>
<td>MIDDLE Name</td>
<td>CURRENT LAST Name</td>
</tr>
<tr>
<td>Date of Birth (MM/DD/CCYY)</td>
<td>County of Birth</td>
<td>Father/Parent of Second Person (First, Middle, Last)</td>
</tr>
<tr>
<td>Date of Marriage – Month, Day, Year</td>
<td>If Date Unknown, Enter Year(s)</td>
<td>County That Issued License</td>
</tr>
</tbody>
</table>

MARRIAGE