

REQUEST FOR COPY OF MARRIAGE LICENSE

BRIDE'S NAME: _____

MAIDEN NAME: _____

GROOM'S NAME: _____

DATE OF MARRIAGE: _____

PLEASE SEND CASH OR MONEY ORDER FOR \$1.00 PER COPY, OR \$5.00 PER COPY FOR CERTIFIED COPIES*.

MAIL TO: GARLAND COUNTY CLERK
 501 OUACHITA AVE, ROOM 103
 HOT SPRINGS, AR 71901

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR EASE OF RETURN OF COPIES.

*WE CAN ONLY PROVIDE COPIES OF MARRIAGE LICENSES THAT WERE ISSUED/PURCHASED IN GARLAND COUNTY.