

Receipt #:	Clerk Initials:	Date:
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**FAYETTE COUNTY**  
**BRENDA FIETSAM, COUNTY CLERK**  
PO Box 59/246 W. Colorado St.  
La Grange, Texas  
979-968-3251

## APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE

Please PRINT

**Legal Name of BOTH Individuals PRIOR to Marriage:**

\_\_\_\_\_ (First, Middle, Last)

\_\_\_\_\_ (First, Middle, Last)

Date of Marriage: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_ @ \$7.00 each Total: \_\_\_\_\_

**Requestor's Information:**

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I wish to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of Health and Human Services.

**To receive by Mail, send this Application, a copy of Photo ID/Driver License, Payment and Self-Addressed, Stamped Envelope to:**

**Fayette County Clerk  
VITAL RECORDS  
PO Box 59  
La Grange, Texas 78945**

**WARNING!** IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)