

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

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*

PLEASE ATTACH CHECK HERE

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)		Today's Date:	
Agency Name (if applicable)		Agency Case Number	Inmate ID Number
Name of Applicant		Signature of Applicant	Purpose of Request
Mailing Address – Number, Street		Amount Enclosed – DO NOT SEND CASH \$ _____ Check \$ _____ Money Order	Number of Copies
City		Mailing Address of Person Receiving Copies, if Different from Applicant	
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant	
Daytime Telephone (include area code) ()	Country	City	State ZIP Code

MARRIAGE RECORD INFORMATION (PLEASE PRINT OR TYPE)			
<i>Complete First Person and Second Person information below as shown on the marriage record, to the best of your knowledge.</i>			
Name of First Person – FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Birth (MM/DD/CCYY)	County of Birth	Father/Parent of First Person (First, Middle, Last)	
Name of Second Person – FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Birth (MM/DD/CCYY)	County of Birth	Father/Parent of Second Person (First, Middle, Last)	
Date of Marriage – Month, Day, Year	If Date Unknown, Enter Year(s)	County That Issued License	County Where Marriage Took Place