

**ARANSAS COUNTY CLERK
VALERIE K. AMASON
2840 HWY 35 N
ROCKPORT, TEXAS 78382
361-790-0122**

APPLICATION FOR A CERTIFIED COPY OF MARRIAGE LICENSE BY MAIL

PLEASE PRINT THE INFORMATION LISTED ON MARRIAGE LICENSE BELOW:

1. NAME OF APPLICANT 1: _____
(NAME AT THE TIME MARRIAGE LICENSE WAS ISSUED)

2. NAME OF APPLICANT 2: _____
(NAME AT THE TIME MARRIAGE LICENSE WAS ISSUED)

3. DATE OF MARRIAGE: ____/____/____

4. REQUESTOR'S INFORMATION: NAME: _____

MAILING ADDRESS: _____

5. I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services. Yes ___ No ___

6. For further communications please add Email: _____

REQUESTOR'S SIGNATURE: _____ DATE: ____/____/____

**C/Copy of Marriage License
Fee: \$8.00 each
Total Costs: _____
(Money Orders Only)**