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**APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE**

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**PLEASE PRINT**

1. Full Name of Applicant #1	First Name	Middle Name	Last Name
2. Full Name of Applicant #2	First Name	Middle Name	Last Name
3. Date of Marriage	Month	Day	Year

- 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 Health and Human Services.

If copies are to be mailed please provide the full mailing address:

\_\_\_\_\_  
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SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION