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APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE

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|---|--------------------------------|---------------------------------|----------------|
| PLEASE PRINT | | | |
| Full Name of Applicant #1 | First Name | Middle Name | Last Name |
| 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 ple | ease provide the full mailing a | ddress: |
| | | | |
| SIGNATURE OF APPL | ICANT | DATE | OF APPLICATION |