

MARRIAGE

Application for Certified Copy of Maryland Marriage Record Maryland Department of Health • Division of Vital Records

MARRIAGE

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

Date of Application: _____

For Issuing Office Only

Photo ID Mailed

NOTE: A Copy of a Certificate of Marriage can be released to the married parties, a representative of the married parties (provided the representative shows a notarized letter stating he or she has permission to obtain a copy of the marriage certificate), an attorney representing the married parties, or a court of law. **Certified copies of certificates for marriages performed PRIOR TO JANUARY 1, 2007 are available only at the circuit court in the county where the marriage took place.**

Applicant's name: _____ Applicant's relationship to persons named on the Certificate: _____

Applicant's address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (____) _____ - _____ E-mail Address: _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her **VALID GOVERNMENT-ISSUED PHOTO ID** with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; passport). **If you do not have a Government-issued photo ID, read and sign the following statement:** I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

Signature: _____

PRINT or TYPE information below:

Names of

Spouses: _____
(First/middle/last) Birth Name (if different)

_____ (First/middle/last) Birth Name (if different)

Date of Marriage: _____ Place of Marriage: _____
(Month/Day/Year) (County or Baltimore City)

Person you represent (if applicable): _____

Reason for requesting certificate: _____

ORDER INFORMATION

Number of certificates requested	
Fee per copy*	x \$12.00
Amount enclosed	

A non-refundable \$12 fee is required for each copy of a certificate.* Send check or money order. **Do not send cash when applying by mail.** When paying by check, you must include a photocopy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

When ordering by mail, send completed application, legible copy of ID, a self-addressed, stamped envelope, and check or money order payable to the DIVISION OF VITAL RECORDS to the Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0036.

You may also apply for a marriage record in person, on line, by telephone or by fax. For further information, visit the website of the Vital Statistics Administration at <http://health.maryland.gov/vsa>.

*There is no fee for: (a) A copy of a certificate of a current or former armed forces member that is requested by the member; or (b) A copy of a certificate of a current or former armed forces member or of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.