



Clinton County Clerk

Diane Zuker

Courthouse ♦ 100 E. State St. ♦ Suite 2600

St. Johns, MI 48879

(989) 224-5140 ♦ Fax (989) 227-6421

REQUEST FOR CERTIFIED COPY OF MARRIAGE

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Daytime phone number to contact you if there is a problem () _____

APPLICANT'S SIGNATURE:

Must be signed in order to process

The fee is \$13.00 for the first copy, and \$5.00 for EACH ADDITIONAL COPY of the same record when ordered at the same time as the first copy.

REQUIRED MARRIAGE INFORMATION

(MARRIAGE LICENSE MUST HAVE BEEN OBTAINED IN CLINTON COUNTY)

Name of Applicants: _____

First

Middle

Last (maiden name if applicable)

First

Middle

Last (maiden name if applicable)

Date of Marriage: _____

Month

Day

Year

Number of Copies Requested: _____

Mail this application with a **CHECK** or **MONEY ORDER** payable to: **CLINTON COUNTY CLERK**