



**Parmer**  
COUNTY  
TEXAS

PO BOX 356  
FARWELL, TX 79325  
806-481-3691

OFFICE USE ONLY  CHECK  CASH  MONEY ORDER

CERT. # \_\_\_\_\_

DATE \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

VOL \_\_\_\_\_ PAGE \_\_\_\_\_

## MAIL APPLICATION TO COUNTY CLERK FOR COPY OF MARRIAGE LICENSE

PLEASE PRINT CLEARLY.

**INCLUDE A PHOTOCOPY OF YOUR (APPLICANT) VALID ID  
MUST BE NOTORIZED.**

WHEN SENDING IN THE REQUEST. APPLICATION MUST BE  
ORIGINAL INCLUDING SIGNATURE. NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

### Step 1: YOUR INFORMATION

(First, Middle, Last Name): \_\_\_\_\_

Street Address/Mailing: \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

### YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (CIRCLE ONE)

SELF CHILD SPOUSE PARENT SIBLING GRANDPARENT LEGAL GUARDIAN (PROOF REQUIRED) OTHER \_\_\_\_\_

### Reason for Request:

### Step 2: INFORMATION FOR RECORD (Must be completed to Identify Record Requested)

<b>GROOM:</b>	First Name _____	Middle Name _____	LAST NAME _____
<b>DATE OF EVENT:</b>	Month _____	Day _____	YEAR _____
<b>BRIDE</b>	First Name _____	Middle Name _____	LAST NAME(MAIDEN) _____

### Step 3: COST PRICE: 9.00 EACH (MAKE PAYABLE TO PARMER COUNTY CLERK)

#OF COPIES : \_\_\_\_\_

### AFFIDAVIT OF, PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_

(Applicant name)

now residing at \_\_\_\_\_

(Address)

(City)

(State)

who is related to the person named on Part I am \_\_\_\_\_ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)

The applicant presented the following type of identification: \_\_\_\_\_

Applicant signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public and Notary ID Number \_\_\_\_\_

(SEAL)

Typed or Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, state, Zip: \_\_\_\_\_

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF up TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195 SEC. 195.003.