

Shirley Graham
DISTRICT and COUNTY CLERK
IRION COUNTY

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APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE

Number of copies requested _____ @\$7.00 each = \$_____ Please pay this amount to Irion Co. Clerk's Office

PLEASE PRINT CLEARLY

Fill in every blank possible. The more information, the more quickly we can find your record.

1. DATE OF MARRIAGE: _____ / _____ / _____
Month Day Year
2. COUNTY AND STATE OF MARRIAGE _____
3. GROOM'S NAME _____
4. BRIDE'S NAME _____
5. BRIDE'S MAIDEN NAME _____
6. ADDITIONAL IDENTIFYING INFORMATION KNOWN _____
7. PERSON APPLYING FOR COPY OF LICENCE _____
Frist name Middle Last Name
8. PHONE # _____ - _____ - _____ ALTERNATE PHONE # _____ - _____ - _____
9. MAILING ADDRESS _____
STREET ADDRESS City State Zip
10. RELATIONSHIP TO PERSON NAE ON LICENSE _____
11. PURPOSE FOR OBTAINING THIS RECORD _____

SIGNATURE OF APPLICANT

DATE OF APPLICATION

APPLICANT'S IDENTIFICATION _____

TYPE OF ID (driver's license, ect.) **NUMBER** (if applying by mail, must send copy of ID)

Office Use Only: Location of Record: Vol: _____ Page: _____ Other description of where it was: _____ Payment Type: _____ Receipt # _____
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