

MARRIAGE VERIFICATION

Re: _____

County: _____

The individual named has applied for public assistance, and we are attempting to verify their marital status. Please send us the verified information at your earliest convenience so that the application can be processed.

MARRIAGE CERTIFICATE

Spouse 1 Name: _____

Age/Date of Birth: _____ **Race:** _____

Address: _____

State of Birth: _____

Parents' Names: _____

Spouse 2 Name: _____

Age/Date of Birth: _____ **Race:** _____

Address: _____

State of Birth: _____

Parents' Names: _____

VERIFIED INFORMATION

Recorded Vol.: _____ **Page:** _____ **Cert. No.** _____

Date of Marriage: _____ **Place of Marriage:** _____

Signature of Recorder: _____ **Date:** _____

Thank you for your assistance.

Sincerely,

_____ Date _____