**CERTIFIED COPY MARRIAGE LICENSE REQUEST FORM**

Phone (859) 334-3624 Email: [boonecounty.docrequest@ky.gov](mailto:boonecounty.docrequest@ky.gov)

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please be sure to provide an accurate phone number so we can contact you with any issues\***

**CREDIT CARD INFORMATION**

Certified Copy Marriage License request are $5 each.

**(There is an additional service charge of 2.75% for use of credit cards)**

CREDIT CARD NUMBER**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Exp. Date: \_\_\_\_ /\_\_\_\_\_ 3\* Digit Security Code: \_\_\_\_\_\_ \*if using an American Express it is 4 digits

Billing Street Address & Zip Code: \_­­­­­\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF CARD HOLDER: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* By signing you are acknowledging and giving authorization to be charged $2 per page and the service charge of 2.75% for use of credit cards\***

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

BRIDE’S FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BRIDE’S MAIDEN LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GROOM’S FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GROOM’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF MARRIAGE/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*CERTIFIED COPIES MUST BE SENT THROUGH THE MAIL AND/OR PICKED UP IN THE OFFICE\***

**Pick up is ONLY at our Burlington location: 2950 Washington Street Burlington KY 41005**

Please specify how you would like to receive it; *if not specified, it will be mailed to the address above.*

MAIL TO ADDRESS ABOVE:

PICK UP AT BURLINGTON LOCATION: