## REQUEST FOR CERTIFIED COPIES OF MARRIAGE LICENSE

When ordering certified copies of marriage licenses by mail, please include the following:

Spouse/Gr	oom/Bride	(print full name)	
Spouse/Gr	oom/Bride	(print full name)	
Date of Ma	arriage		
Marriage L	icense Numb	er if known	
Your maili	ng address: (	print)	
Name:			<del></del>
Address: _			
City:		State:	Zip:
Phone nun	nber:		
C	ERTIFIED C	OPIES OF MARRIAGE LIC	ENSES COST \$5.00 EACH.
(	Check or Mo	ney Order payable to "Lafa	yette Parish Clerk of Court")
Number o	f Certified Co	pies Requested	
Mail to:	_		

<sup>\*</sup>Please include a self-addressed stamped return envelope.