

**REQUEST FOR COPY OF MARRIAGE LICENSE**

I, \_\_\_\_\_, the undersigned, request a copy of the marriage license of:

Groom/Partner: \_\_\_\_\_ Bride/Partner: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

I am:

- \_\_\_\_\_ The bride or groom.
- \_\_\_\_\_ The bride or groom’s spouse, child, parent, grandparent, grandchild, sibling, guardian, or next-of-kin.
- \_\_\_\_\_ Conducting genealogical research on my own family.
- \_\_\_\_\_ A person who can demonstrate that the record is needed for the determination or protection of my own property right.
- \_\_\_\_\_ The Idaho Attorney General or state or federal prosecuting attorney. I certify that the record is necessary for my official duties, that it is not reasonable available elsewhere, and that reasonable steps will be taken to maintain its confidentiality.
- \_\_\_\_\_ A person with a court order finding disclosure of the record is necessary in the interests of justice.
- \_\_\_\_\_ An employee of a state, local, or federal public agency requesting the document for child support order enforcement or investigation of fraud related to benefit payments.
- \_\_\_\_\_ An authorized representative of one of the above-listed people.

Today’s date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, a Notary Public in and for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_, known or identified to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_  
Notary Public  
Residing in: \_\_\_\_\_  
Expires: \_\_\_\_\_

**(Please attach payment of \$2.00 per copy requested made to Twin Falls County Recorder and mail to P.O. Box 126, Twin Falls, Idaho 83303. If you would like to pay by credit card, please call (208)736-4004. There is a \$2.00 extra charge for using a credit card.)**