

DANA SMITH  
DEWITT COUNTY CLERK & RECORDER  
PO BOX 439  
201 W WASHINGTON STREET  
CLINTON IL 61727  
(217-935- 7780) – PHONE (217-935-7789) – FAX

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**REQUEST FOR MARRIAGE/CIVIL UNION CERTIFICATE**  
**Copies of Marriage/Civil Union Certificates are \$11.00 each.**

Please certify \_\_\_\_\_ copies of the following marriage/civil union certificate:

NAME OF PARTNER A: \_\_\_\_\_

NAME OF PARTNER B: \_\_\_\_\_

DATE OF MARRIAGE/CIVIL UNION: \_\_\_\_\_

RELATIONSHIP TO PERSONS NAMED: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Register \_\_\_\_\_

Page \_\_\_\_\_

Partner A: \_\_\_\_\_ Partner B: \_\_\_\_\_

Last Name At Birth: \_\_\_\_\_ Last Name At Birth: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Age At Application: \_\_\_\_\_ Age At Application: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Officiant Name & Title: \_\_\_\_\_

Ceremony Date: \_\_\_\_\_

Ceremony Location: \_\_\_\_\_

Application Date: \_\_\_\_\_

File Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_