MARRIAGE LICENSE COPY REQUEST

Complete this request and mail it to:
Jefferson County Clerk's Office
66 SE D Street, Suite C
Madras OR 97741

Part	y A: _		Party B:	
Mar	riage]	Date:		
(QTY) CERTIFIED copies (Indicate number of copies)			opies of the above marriage license @ \$7.75/copy ppies)	\$
		TY) REGULAR co ndicate number of co	opies of the above marriage license @ \$4.00/copy opies)	\$
Postage to mail the license(s)			ADD	\$1.00
Please mail the copy(s) to:			Total Due	\$
Addr	essee	Name		
Maili	ing Ac	ldress		
City, State, Zip			Telephone	
		Your request	er to enclose a check or money for the total amo will be returned if the correct amount is not en se allow 10 days for processing your request.	
.= 1		1 ica.	se anow to days for processing your request.	
		*******	*****FOR OFFICIAL USE ONLY*******	*****
		The Marriage Licer the officiant.	nse was not returned to this office by the officiant.	Please contact
		No Marriage License was found in our records. If the marriage occurred in Oregon, please contact Oregon Vital Records at (503) 731-4095 or visit their website at http://www.ohd.hr.state.or.us/chs/ .		
			Jefferson County Clerk's Office 541-475-4451	