## 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

Party A:		Party B:	
Marriage	e Date:		
	QTY) <b>CERTIFIED c</b> Indicate number of co	<b>opies</b> of the above marriage license @ \$7.75/copy pies)	\$
	QTY) <b>REGULAR co</b> (Indicate number of co	opies of the above marriage license @ \$4.00/copy opies)	\$
<b>Postage</b> to mail the license(s)		ADD	\$1.00
Please ma	ail the copy(s) to:	Total Due	\$
Addressee	e Name		
Mailing A	Address		
City, State, Zip		Telephone	
		o enclose a check or money order for the total a will be returned if the correct amount is not en	
	Pleas	se allow 10 days for processing your request.	
	********	*****FOR OFFICIAL USE ONLY********	*****
	The Marriage Lice the officiant.	nse was not returned to this office by the officiant.	Please contac
	•	se was found in our records. If the marriage occur gon Vital Records at (503) 731-4095 or visit their vistate.or.us/chs/.	_
		Jefferson County Clerk's Office 541-475-4451	