



REQUEST FOR CERTIFIED COPY OF MARRIAGE/CIVIL UNION RECORD

NAME OF APPLICANT 1:
 John Smith

 Suffix

NAME OF APPLICANT 2:
 Sarah Connor

 Suffix

DATE OF CEREMONY: Jan 1, 2015

 Suffix

PLACE OF CEREMONY: Honolulu

 City / Town

Oahu

 Island

RECEIPT NUMBER:
 DATE CREATED:
 ORDER INFORMATION:

DESCRIPTION	QTY	AMOUNT
First Certified Copy	1	\$ 10.00
Additional Copies (\$4.00 each)	0	\$ 0.00
Portal Administrative Fee		\$ 2.50
Other: Apostille		\$ 1.00
TOTAL CERTIFIED COPIES:	1	
TOTAL AMOUNT DUE:		\$ 13.50

REQUESTOR INFORMATION:
 self

Relationship of Requestor to Person Named on Certificate
 johnsmith@yahoo.com

Email of Requestor
 John Smith

Name of Requestor
 40 Main Street

Address - Number and Street or PO Box
 Paris

City State/Province

Apostille (Germany)

Reason for the Request
 111-222-3333

Phone - Residence Phone - Business

Agency / Organization

Address Line 2
 15602 France

Zip Code Country

Please include a photocopy of the requestor's government issued photo ID.

Sign here!

John Smith

Signature of Requestor

IF MAILING TO OTHER THAN REQUESTOR:

Name of Person to Recieve Certificate Agency / Organization

Mailing Address - Number and Street or PO Box Address Line 2

City State/Province Zip Code Country

OFFICE USE ONLY:

_____ HBC _____ DBC _____ UNREC.BC _____ NR FILE _____ PENDING

Year: _____ Volume: _____ Certificate: _____ Receipt #: _____ Date Copy Prepared: _____

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