# WISE COUNTY CLERK/LOCAL REGISTRAR

**SHERRY LEMON**

**TODAY'S DATE:** _____

**No. Copies:** **Marriage License:** _____ **Copies**
**(Certified Copy: $5.00 for certification plus $1.00 per page)**

**PLEASE PRINT:**

Applicant 1 Full Birth Name: _____

Applicant 2 Full Birth Name: _____

Date of Marriage: _____

Purpose for obtaining this record: _____

_____
**Signature of Applicant**

Telephone Number: _____

Address of Applicant: _____

_____

DL No. or ID Card No. etc.: _____
(If not available, two secondary forms of ID must be supplied.)

Rev. 7-18-2013/ Rev. 1-1-2014/ Rev. 7-8-2015

**200 N. Trinity • Records Bldg. • P.O. Box 359 • Decatur, TX 76234 • (940) 627-3351 • Fax (940) 627-2138**
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