TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF MARRIAGE

Date: _____ **Number of copies:** _____
First Copy $12.00 each additional copy $4.00

Name of Groom: _____
First **Middle** **Last Name**

Name of Bride at Birth: _____
First **Middle** **Last Name**

Place Where License was Issued: _____
City **County** **State**

Date of Marriage: _____
Month **Day** **Year**

Place of Marriage: _____
City **County** **State**

Signature of Person Making Request: _____

Relationship of Requestor: _____

Purpose of copy: _____

Telephone number where you may be reached for additional information: ( ) _____

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

Records are filed in this office for the past fifty (50) years. Records prior to this date are available in the county where the license was obtained.

A fee of $12.00 is charged for the search of the records even if no record is found and includes one copy if the record is filed in this office. If the certificate is not found with the date of marriage you have provided, a search will be made in the records for the year before and the year after that date; this search is routine and is included in the $12.00 fee. Do not send cash. Send a check or money order made payable to Tennessee Vital Records. If you have not received a response within 45 days, please write or call Tennessee Vital Records at 615-741-1763.

PH-1670 (Rev. 10/02) RDA N/A

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

Name

Address or Route

City **State** **Zip Code**

SEND TO:

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37247