

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
State Registrar of Vital Statistics

APPLICATION FOR MARRIAGE/DIVORCE CERTIFICATE

Please Print or Type All Information Requested on This Form.

Please Circle Type of Record Requested.

Full Name of Husband _____

Maiden Name of Wife _____

County In Which (Marriage License) (Divorce Decree) Granted _____
(Circle One)

Date of (Marriage) (Divorce) _____
(Circle One) (Mo.) (Day) (Year)

Name of Applicant _____

Address _____

The Information I Am Requesting Concerns
(Marriage) (Divorce)
(Circle One)

Please Indicate Quantity Desired _____

Office Use Only	
Vol.	_____
Cert.	_____
Year	_____
Date	_____
Initials	_____

A \$6.00 fee must accompany this application. The fee cannot be returned. If the certificate is on file you will receive one copy. Additional copies are \$6.00 each. Make check or money order payable to "Kentucky State Treasurer." When complete, mail the entire form to Vital Statistics, 275 East Main Street, Frankfort, Kentucky 40621.

Print Name and Mailing Address of Person to Receive the Certificate.
This Portion is a Mailing Insert and Will be Used to Mail the Copy you
Have Requested.

Name

Street Number & Name

City-State-Zip Code