

Application for Certified Copy of a Kentucky Marriage Certificate

Please fax completed form to **866-283-7477**.

Certificate Information			
Groom's Name:			
Oroom's Name.	(First)	(Middle)	(Last)
Duide's Name			
Bride's Name:	(First)	(Middle)	(Last)
	, ,	, ,	, ,
*Date of Marriage: / / / *County/City of Marriage: *Certificates are available from June 1, 1958 to present.			
Reason for Request:		*Number of Copies:	(First copy - \$6) (Addt'l copies - \$6)
		*Limit 5 copies per order	
Applicant / Shipping Information			
	Аррисант Эпірр	ing information	
Your Relationship to Certificate Holder: Self	Spouse Other	(Specify):	
_			
Ship To Name:	(First)	(Middle)	(Last)
Shipping Address:			
City:		State:	Zip:
Daytima Bhana.	E	ail Address.	
Daytime Phone: Email Address:			
*UPS Next Day Air (\$17.50) Shipping Method (select one): *UPS Next Day Air (\$17.50) Delivered in approximately 3-5 business days Regular Mail (\$0.00) Delivered in approximately 7-10 business days			
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Cardholder's Signature:		Dat	e:
A - Parada Olavar			
Applicant's Signature:		Dat	e: