

REQUEST FOR CERTIFIED COPIES OF MARRIAGE LICENSES

NAME OF APPLICANT 1 OR GROOM _____

GENDER (OPTIONAL) _____

NAME OF APPLICANT 2 OR BRIDE _____

GENDER (OPTIONAL) _____

DATE OF MARRIAGE _____

ADDRESS TO BE MAILED TO: _____

TELEPHONE NUMBER: _____

NUMBER OF COPIES
REQUESTED: _____

DATE REQUESTED: _____

THERE IS A \$10.00 FEE FOR EACH CERTIFIED COPY REQUESTED

**PLEASE MAKE YOUR CHECK PAYABLE TO: DARE COUNTY REGISTER OF DEEDS
P.O. BOX 70
MANTEO, NC 27954**

A self addressed stamped envelope would be appreciated.

IF YOU HAVE ANY QUESTIONS YOU MAY CALL: 252-475-5970

Applicant is (circle one):

**A. Requesting Marriage License of (circle number
indicating relationship).**

1. Self
2. Spouse
3. Brother/Sister
4. Child
5. Parent: or

**B. Seeking information for legal determination of
personal or property rights; or**

**C. Authorized agent, attorney, or legal representative
of a person listed in A, B, C, above (documentation
of authority must be furnished).**

See N.C. Gen. Stat., #130-A-93

The above information is true and correct to the best of my knowledge and belief.

Applicant's Signature