TENNESSEE DEPARTMENT OF HEALTH

OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF A TENNESSEE CERTIFICATE OF MARRIAGE

(La versión en español al reverso de la página)

Date:				Number	of Copies:	
Date:			Enclose \$15.00 for each copy.			
Name of Groom: Bride: Partner 1:						
	First	Middle	Last I	Name /	Original Surname (if different)	
Name of Bride: Groom: Partner 2:						
	First	Middle	Last	Name /	Original Surname (if different)	
Place Where Lice	ense was Issued:					
		City	County		State	
Date of Marriage:		Davi	No or			
	Month	Day	Year			
Place of Marriage		ty Cou	unty		State	
		-	ling		otate	
Signature of Pers	son Making Requ	lest:				
Relationship of Requestor:			Purpose of Copy:			
Telephone numbe	er and email whe	ere you may be reached for addi	tional information:			
()					@	
		LLFULLY AND KNOWINGLY MA				
				-		
		<u>the past fifty (50) years. Recory be available from the TN State</u>			n the county clerk's office where	
the record is not of check or money of photocopy of a \	on file. All items order payable to VALID governme	must be completed and appropria Tennessee Vital Records. In ad	ate fees attached to pro dition. unless this ap	cess this plication	d. Search fees are non-refundable if s request. Do not send cash. Send <u>is notarized. you must send a</u> a response within 45 days, please	
	F	RINT NAME AND ADDRESS	BELOW FOR OUR R	ECORD	S	
Please remer	mber to inclu	de the Fee and a Copy	of your ID. (Note: T	he reques	st will be returned if not included.)	
Name				r	Mail Your Application To:	
Address or Ro	oute		Tennessee Vital Records Andrew Johnson Tower, 1 st Floor 710 James Robertson Parkway			
City and State)	Zip	Code		Nashville, TN 37243	
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