



CERTIFICATE OF MARRIAGE CERTIFIED COPY REQUEST FORM

RECORD INFORMATION:

License Application Number: _____

Full name of Applicant: _____
(Name used on application)

Full name of Applicant: _____
(Name used on application)

Date of Marriage: _____

NUMBER OF CERTIFIED COPIES ORDERED: _____ @ \$3.00 per copy = \$ _____

Please enclose a personal check, cashier's check or money order made payable to the Skagit County Auditor.

MAILING INFORMATION: (Certified copies will be mailed to this address)

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

***Mail completed form with payment to Skagit County Auditor, Attn: Recording Dept.
P.O. Box 1306, Mount Vernon, WA 98273.***