

MAIL APPLICATION FOR MARRIAGE OR DIVORCE VERIFICATION

OFFICE USE ONLY

Remit No.

By

ZZ 708-153

PLEASE PRINT

Cost Type Total Marriage verification \$20.00 Divorce verification \$20.00 Total (Check or Money Order enclosed)

Make check or money order payable to: DSHS

All funds are deposited directly to the Texas Comptroller of Public Accounts. Refunds available only on written request.

1. Full Name of Husband	First Name	Middle Name	Last Name
2. Date of Marriage or Divorce	Month	Day	Year
4. Place of Marriage or Divorce	City or Town	County	State Texas
5. Full Name of Wife	First Name	Middle Name	Maiden Name
6. Ages or Dates of Birth at time of Marriage or Divorce	Age or Date of Birth of Husband	Age or Date of Birth of Wife	

7. YOUR NAME:	8. TELEPHONE #	() -
9. MAILING ADDRESS:			(MON-FRI 8:00-5:00)
STREET ADDRESS	CITY	STATE	ZIP
10. If verification is to be mailed to some other person, please complete:			
Name	Street Address		
City	State	_ Zip Cod	de

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

A verification is a letter verifying whether or not a marriage or divorce was recorded with the State of Texas. To order a certified copy of the marriage license, you must contact the County Clerk's Office in the county in which the marriage license was obtained. To order a copy of a divorce decree, you must contact the District Clerk's Office in the District in which the divorce was filed.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Your Signature

Date of Application

MAIL THIS APPLICATION AND PAYMENT TO: **Texas Vital Records Department of State Health Services** P.O. Box 12040 Austin, TX 78711-2040