



## 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.*