

CLARE CHRISTY
 DAWSON COUNTY CLERK
 400 S. 1ST STREET, P.O. BOX 1268
 LAMESA, TX 79331

APPLICATION FOR MARRIAGE LICENSE

VOL: _____	<u>\$10 PER CERTIFIED COPY</u>
PAGE: _____	WE CAN NOT ISSUE JUST COPIES

PLEASE PRINT			
1. FULL NAME OF GROOM	FIRST NAME	MIDDLE NAME	LAST NAME
2. FULL NAME OF BRIDE	FIRST NAME	MIDDLE NAME	LAST NAME
3. DATE OF MARRIAGE	MONTH	DAY	YEAR

YOUR NAME: _____

TELEPHONE # (____) _____

MAILING ADDRESS:

STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

RELATIONSHIP TO PARTIES LISTED ABOVE:

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
----------------	---------------------

OFFICE USE ONLY	
IDENTIFICATION TYPE _____	NUMBER _____
MUST PRESENT A PICTURE ID	