

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