

MAIN OFFICE P.O. Box 179 341 South Jefferson Mason, MI 48854 Phone: (517) 676-7201 Fax: (517) 676-7254 BRANCH OFFICE
Veterans Memorial Courthouse
Lansing, MI 48933
inghamclerk@ingham.org
www.ingham.org

Barb Byrum INGHAM COUNTY CLERK

Marriage Certificate Request Form

Please complete the form below and fax, mail or email it to my office. Please include all requested information and documentation listed below. Any missing information/documentation will likely delay the processing of your request. Note: If your request is urgent, please indicate as such and it will be processed the day it is received and sent via USPS Express mail for an additional charge of \$25.

INFORMATION AS IT APPEARS ON MARRIAGE RECORD:

Spouse 1- Name:			
Prior to this Marriage	(First)	(Middle)	(Last)
Spouse 2 - Name:			
Prior to this Marriage	(First)	(Middle)	(Last)
Date of Marriage:			
Place of Application:			
REQUESTOR'S INFORMA	TION		
Name:			
Daytime Phone Number:			
Mailing Address:			
Signature (required):			
PAYMENT INFORMATIO	N		
Cost: \$20.00			
Each Additional Copy x \$1	0		
Expedite Mail * \$25.00 (op	tional)		
Т	otal		
Type of Payment: Check/M	oney Order Visa Mas	erCard Discover	
Credit Card Number:			
Expiration Date:/			
Cardholder Name (PRINT) Cardholder Signature			

Please make checks payable to Ingham County Clerk. We do not accept out-of-state checks

*PENALTIES: Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000.

