

LORI MOTT

Clare County Clerk – Register of Deeds Official Abstractor

225 W. Main Street P.O. Box 438 Harrison, MI 48625 Tel. (989) 539-7131 Fax (989) 539-6616

Stacy B. Pechacek - Chief Deputy

	REQUEST FOR VERIFICA	TION OF A CLAF	E COUNT	Y MARRIAGE	RECORD
APPLIC	CANT (PERSON REQUESTING VERIFICATION)	X = = #25 0 III	DATE:	1	/
٠٥. ه			•	Agency Name	}
Please type or print clearly & tegibly			•	Applicants Na	
			•	Mailing Addre	SS
<u> </u>			•	City/State/Zip	
			•	Phone Number	r (required)
	APPLICANT'S SIGNATURE:	Must be signed in order to process			
to you s be iden filing o informa	CATION INFORMATION - A request for a verifical stamped with an indication that a record was ident utified which matched the supplied facts. State law if the requested event. This information must reaction can be verified or supplied by this Vital Records for verification.	fied which matched t allows for verification natch exactly what i	he supplied to n of ONLY no s on the rec	facts, or that no re ame(s), date, pla cord. No addition	ecord could ce and al
Name on	FACTS TO BE VERIFIED the Record (Must match exactly what is on record)	METHOD OF Particular funds by mone see address ab	y order payable	yment must be made e to Clare County Cl	e in U.S. erk's Office -
	,,	Non	-Refundable	Amount To Be Enclosed	\$10.00
First	Middle Sumame at Birth				***************************************
First Date	Middle Surname at Birth Of Event (Must match exact date on record)	We cannot process your request without payment.			
Month	Day Year				
County of Application for Marriage License		VERIFICATION STAMP (For Vital Records Official Stamp)			
	County				
Date of F	Filing (Date the record was filed – Enter ONLY if you opy of the record)				