

Macoupin County Clerk
P.O. Box 107
Carlinville, IL 62626

Phone# 217-854-3214

Office Use Only				
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CC	Gen	CASH	CHCK	CARD

Macoupin County

Marriage Certificate Request Form

Provide photo ID or other forms of identification.

Certified copies: **\$15 for first copy, \$4 for every additional copy** of the same certificate

Genealogy Copy (record must be 50 years or older) \$5 for each copy

Please Print

Groom's Name (Spouse A): _____

Bride's Name (Spouse B): _____

(With maiden name or name at time of marriage)

Date of Marriage (Month/Day/Year): _____

City, Town, or Township of Marriage: _____

Number of copies: _____

Genealogy

Certified Copy

Mailing Addresses:

Phone # _____

Relationship to person on Marriage Certificate (mark all that apply)

Self

Parent

Guardian

Other _____

Your Signature: _____