

**COPY OF MARRIAGE LICENSE
IN SAN PATRICIO COUNTY, TEXAS**

DATE OF REQUEST

**FEE OF
MARRIAGE LICENSE.....\$7.00
MONEY ORDER BY MAIL**

PLEASE PRINT

FULL NAME OF **GROOM / APPLICANT #1:**

FIRST NAME

MIDDLE NAME

LAST NAME

FULL MAIDEN NAME OF **BRIDE / APPLICANT #2:**

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF MARRIAGE:

MONTH

DAY

YEAR

YOUR NAME(signed) _____ PHONE # _____

MAILING ADDRESS _____

APPLICATION WITHOUT PHOTO ID WILL NOT BE PROCESSED