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_____

<u>*APPLICATION WITHOUT PHOTO ID WILL NOT BE PROCESSED*</u>