

MARRIAGE RECORD REQUEST

Bride's Name	
Groom's Name	
Date of Marriage	

Cost: \$9.00 per certificate

_____ Number of certified copies requested

Name and Address of individual requesting certificate(s):

Requester's Name	
Address	
Daytime Phone	



Mail this request and the appropriate fee to:
Pope County Recorder
Suite 206
130 East Minnesota Avenue
Glenwood, MN 56334-4524

FOR OFFICE USE ONLY:

<i>Date issued</i>	
<i>Filing Information</i>	
<i>Issued by</i>	