

REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE FILED
IN OCONEE COUNTY, SOUTH CAROLINA

CHARGE: \$5.00 PER COPY

*CHECK OR MONEY ORDER MADE PAYABLE TO: PROBATE COURT

REQUESTED BY:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

MARRIAGE LICENSE INFORMATION:

GROOM (OR SPOUSE) FULL NAME: _____

BRIDE (OR SPOUSE) MAIDEN NAME: _____

DATE OF MARRIAGE: _____

MARRIAGE LICENSE NUMBER: _____

NUMBER OF COPIES REQUESTED: _____

MAIL THIS FORM AND PAYMENT TO:

OCONEE COUNTY PROBATE COURT
PO BOX 471
WALHALLA, SC 2 6 1