



## Certified Marriage Certificate Request Form

**\$9 each**

Applicant First Name	Applicant Middle Name	Applicant Last Name (before Marriage)
Applicant First Name	Applicant Middle Name	Applicant Last Name (before Marriage)
Date of Marriage		

### **Requestor Information**

Requestor Full Name
Requestor Mailing Address
Requestor City, State, Zip Code
Requestor Phone Number

**If requesting by mail, submit application with a check or money order to:**

Crow Wing County Land Services  
Vital Records  
322 Laurel Street, Suite 15  
Brainerd, MN 56401

To contact our office with questions:  
(218)824-1010 or [landservices@crowwing.gov](mailto:landservices@crowwing.gov)

For Office Use Only:

Date mailed	Initials
-------------	----------