



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

For Office Use Only:

Date mailed	Initials
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