

REQUEST FOR MARRIAGE RECORD

NAME OF PERSON MAKING REQUEST: _____

TELEPHONE NUMBER: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

DATE OF REQUEST: _____

NAME OF BRIDE: _____

NAME OF GROOM: _____

BOOK NUMBER: _____

PAGE NUMBER: _____

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**VANDERBURGH COUNTY CLERK'S OFFICE
P.O. BOX 3356
EVANSVILLE, INDIANA 47732-3356**

FOR MORE INFORMATION/ ASSISTANCE: (812)435-5160

YOU SHOULD EXPECT RESPONSE WITHIN 7 BUSINESS DAYS OF RECEIPT OF REQUEST, AS PROVIDED FOR BY THE FREEDOM OF INFORMATION ACT.

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