

Press the print button below and take to the County Clerk's Office, or mail to the address below.

Livingston County Clerk

200 E. Grand River
Howell, Michigan 48843

Marriage Certificate Request

Number of copies required: _____

Please enter all of the information below as it appears on the record.

Full Name: _____

Date of Marriage: _____

Place of Marriage (City of Township)_____

Full Name of Applicant: _____

Full Name of Applicant: _____

Your relationship to the person first named on this form:

☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Heir**

I the undersigned, hereby certify that the foregoing is true to the best of my knowledge and belief, and the record is being obtained for lawful purposes.

Signature of Applicant

Mail to:

Full Name	Street Number
Telephone Number	City , State, Zip Code