

PLEASE RETURN THIS FORM TO: Lowndes County Probate Court 327 North Ashley Street Valdosta, Georgia 31601

MARRIAGE CERTICATE REQUESTS

Please indicate below the type and numbers of copies requested and forward this form with a money order for the correct amount made payable to Lowndes County Probate Court. All requests must include a stamped self-addressed envelope or a \$1.00 fee in addition to fee for certified copies.

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| COMPLETE ALL INFORMATION FOR THE MARRIAGE RECORD BEING REQUESTED: *at the time of application* | | | | | | | |
| Αŗ | plica | nt's Name: _ | (First) | (Middle) | | (Last) | <u> </u> |
| Applicant's Name:(First) (Middle) (La | | | | | | |) |
| Da | ite of | Marriage: | (Month) | (Day) | | (Year | ·) |
| Signature of Requestor: | | | | | | | |
| Te | lepho | one # of Req | uestor: | | | | |
| _ | | NG ADDRES | | | | | |
| Lis | t bel | ow the name | e and address of the | person to whom the ce | rtif | icate | is to be mailed: |
| Nā | ame:_ | | | | | | |
| Αc | ldres | s: | | | | | |