

## REQUEST FOR CERTIFIED MARRIAGE RECORD

|                            |  |
|----------------------------|--|
| <b>Name on Application</b> |  |
| <b>Name on Application</b> |  |
| <b>Date of Marriage</b>    |  |
| <b>Place of Marriage</b>   |  |

| Requester Information |        |      |
|-----------------------|--------|------|
| First                 | Middle | Last |
| Street Address        |        |      |
| City                  | State  | Zip  |

|                                     |   |
|-------------------------------------|---|
| <b>Fees: \$9.00 per certificate</b> | _____ <b>Number of Certified Copies</b> |
|-------------------------------------|---|

|                            |  |
|----------------------------|--|
| <b>Requester Signature</b> |  |
|----------------------------|--|

**Send application and payment to:**

**By FAX: 507-537-7988**

**By EMAIL: [michelledesmet@co.lyon.mn.us](mailto:michelledesmet@co.lyon.mn.us)**

**By MAIL:** Michelle DeSmet  
Lyon County Recorder  
607 West Main Street  
Marshall, MN 56258

If you have questions, please call **507-537-6722**