

MAIL COMPLETED FORM, ID & PAYMENT TO:  
LANCASTER COUNTY CLERK  
555 S. 10<sup>th</sup> STREET, ROOM 108  
LINCOLN, NE 68508

Certified Copy: \$9.00 each  
Non-Certified Copy: \$.25 each  
(Copies will be mailed out upon receipt  
of all necessary documents and fees.)

## MARRIAGE RECORD REQUEST FORM Lancaster County Clerk – Lincoln, Nebraska

**DO NOT COMPLETE THIS FORM** if the marriage license was not issued by  
Lancaster County, Nebraska, or if it was issued prior to June, 1976.

APPLICANT #1 NAME: \_\_\_\_\_  
*First/Middle/Last (or Maiden)*

APPLICANT #2 NAME: \_\_\_\_\_  
*First/Middle/Last (or Maiden)*

DATE OF MARRIAGE (Month/Day/Year): \_\_\_\_\_

**NOTICE:** Per Nebraska Revised Statute §71-649, it is a felony to obtain, possess, use, sell,  
furnish or attempt to obtain any vital record for purposes of deception.

REQUESTED BY (PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

IF THIS IS NOT YOUR RECORD, HOW ARE YOU RELATED TO THE PERSON(S) LISTED? \_\_\_\_\_

FOR WHAT PURPOSE IS THIS RECORD TO BE USED? \_\_\_\_\_

NUMBER OF COPIES: CERTIFIED (\$9.00/each) \_\_\_\_\_ NON-CERTIFIED (\$.25/each) \_\_\_\_\_

The applicant must include a photocopy of their current government-issued photo identification.  
Acceptable forms of ID include an unexpired: (1) driver's license; (2) state ID; or (3) passport.

Payment Method:  Check (Make payable to Lancaster County Clerk)

\*Credit/Debit Card (Transactions will reflect a \$1.00 service fee for debit cards or up to 2.25%,  
for credit cards.)

**IMPORTANT: PLEASE DO NOT EMAIL REQUEST FORMS AS THEY CONTAIN PERSONALLY IDENTIFIABLE  
INFORMATION (PII) SUCH AS DRIVER'S LICENSE, PASSPORT AND/OR CREDIT CARD NUMBERS.**

### MAILING INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

### CREDIT/DEBIT CARD INFORMATION

NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
(if different than mailing)

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CARD NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP DATE (mm/yy) \_\_\_\_ - \_\_\_\_ CVV \_\_\_\_\_

**\*CARDHOLDER SIGNATURE (MUST BE INCLUDED)**

### **FOR OFFICE USE:**

ID PRESENTED: \_\_\_\_\_ DL \_\_\_\_\_ ST ID \_\_\_\_\_ PP \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

FEE REC'D \_\_\_\_\_ INITIALS \_\_\_\_\_

DATE MAILED/PICKED UP \_\_\_\_\_

*\*By signing this form, I authorize the County Clerk to charge my card.*