

MAIL COMPLETED FORM, ID & PAYMENT TO:
LANCASTER COUNTY CLERK
555 S. 10th 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 service fee of \$1.00 or 2.35%, whichever is larger.)

**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) ____ - ____

***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.*