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| Seal | **APPLICATION FOR SEARCH FOR CERTIFIED RECORD OF MARRIAGE**  State Form 54764 (R4 / 10-18)  INDIANA STATE DEPARTMENT OF HEALTH |

**Beginning in 1958, the State Vital Records Office became the central repository for all marriage records. Copies are also maintained by the Clerk of Courts in the county where the marriage was filed. For information prior to 1958, and for ALL divorce information, contact the Clerk of Courts where the marriage or divorce was filed. THE INDIANA STATE VITAL RECORDS OFFICE DOES NOT STORE DIVORCE RECORDS.**

**FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11-5). Each Record of Marriage search costs $8.00 per date provided. This fee is non-refundable and includes a certified copy of the record, if found. A certified copy of the Record of Marriage will be provided within ten (10) to fifteen (15) business days after the request is received.**

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| IDENTIFICATION IS REQUIRED. Requests for information sent without proper identification will be returned to the requestor without processing.  Please complete as much of the information requested below to ensure the greatest chance of our office finding the record you are requesting.  If no record is found a letter will be sent indicating no record found. | | | | |
| Applicant 1: First Middle Last | | | | |
| Applicant 2: First Middle Maiden | | | | |
| Date of Marriage *(month, day, year)* At this time, ISDH is only able to provide certified records for marriages **from 1958 through 2012**.  Those outside this range can be requested from the Clerk of Courts where the marriage was filed. Please contact the Clerk of Courts for more information. | | | | |
| County of Marriage | | | City of Marriage, if known | |
| Signature of applicant | | | | |
| Mailing address *(number and street, city, state, and ZIP code)* ***MAILING ADDRESS MUST MATCH IDENTIFICATION ADDRESS.*** | | | | |
| Daytime telephone number *(including area code)* | | | Today’s date *(month, day, year)* | |
| **Send this application, check or money order payable to the Indiana State Department of Health, and a copy of your identification to: Vital Records, Indiana State Department of Health, 2 North Meridian Street, Indianapolis, IN 46204** | | | | |
| The following individuals are eligible to receive marriage information under IC 16-37-1-10:   1. Applicant 1 2. Applicant 2 3. Individual with direct interest in the record ***(must provide documentation to confirm they meet the criteria)***. 4. Individual demonstrating the information is necessary for the determination of personal or property rights ***(must provide documentation to confirm they meet the criteria)*.** 5. Individual demonstrating the information is necessary for compliance with state or federal law ***(must provide state of federal documentation to confirm they meet the criteria)*.** | | | | |
| ***FOR OFFICE USE ONLY*** | | | | |
| Period Checked | Marriage Date *(month, day, year)* | County Occurred | | Initials of verifier |