



MARGIE RAMIREZ IBARRA  
WEBB COUNTY CLERK  
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LAREDO, TEXAS 78040  
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### MARRIAGE SEARCH REQUEST APPLICATION

The fee for request and search of a marriage License is **\$21.00**. *The fee is charged regardless of whether a record is found or not.* **NO searches will be processed without valid photo identification.** If more than one certification of the same record is requested at the same time, the fee for the first copy is **\$21.00** and **\$8.00** for each additional copy. **If Volume and Page number is provided it will only be \$8.00.** (Checks, Money Order, and Cashier Checks are accepted).  
(Texas Health & Safety Code 191.00h)

**This search must be sent via mail to the address listed above along with a copy of photo ID.**

### PERSONAL INFORMATION

Applicant One \_\_\_\_\_  
(Solicitante Uno) First/Primer Middle/Segundo Last/Apellido- Maiden Name (If applicable)

Applicant Two \_\_\_\_\_  
(Solicitante Dos) First/Primer Middle/Segundo Last/Apellido- Maiden Name (If applicable)

Date of Marriage \_\_\_\_\_  
(Fecha de matrimonio) Month/Mes Day/Día Year/Año

*I have read and understood the conditions of the search fee and do agree with its conditions.*

Signature of Applicant \_\_\_\_\_  
(Firma de solicitante)

Name of Applicant \_\_\_\_\_  
(Nombre de solicitante) (Please Print/letra en molde)

Address: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_  
(Domicilio) (Ciudad/Estado/Código Postal)

Relationship to Parties \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Relacion a la Pareja)

My Purpose in Obtaining the Copy is \_\_\_\_\_  
(Proposito de Solicitud)

\*\*\*Would you like to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health and Human Services Commission. Please check Yes \_\_\_ No \_\_\_

Office Use only:			
Marriage License No. _____	Volume _____	Page _____	
Number of Certified Copies _____	Fee \$ _____	Transaction # _____	
Deputy Clerk _____	Date _____		