

MARRIAGE CERTIFICATE APPLICATION

DOCUMENT INFORMATION	
Name on License:	
Name of Spouse:	
Date of Marriage:	Number of Copies requested:
COST	
\$10.00 for first copy \$3.00 for each additional copy	
INFORMATION OF PERSON REQUESTING RECORD	
Name:	
Street Address:	
City, State, Zip:	

Phone: _____

Signature: _____

Date: _____

- **If female, Name on certificate will be prior to marriage**
- Please make payment to: Schoolcraft County Clerk
- Mail to: 300 Walnut Street, Room 164, Manistique, MI 49854