OSCODA COUNTY

Application for Marriage Record

The fee is \$10.00 for the first certified copy and \$5	5.00 for each additio	nal copy of ti	he same reco	rd when ordered	d at the same tim	ne.
Number of copies requested						
Husband's Name on Record: Last	F	irst:		_ Middle:		
Wife' Maidens Name on Record: Last		First:		_ Middle:		
Date of Marriage: Month	Dav:		Year:			

PA 452 includes 'vital records' in the list of items defined as 'personal identifying information'. The law further states that anyone who obtains, or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by

Applicant's Relationship: imprisonment for up to five years and/or a fine of up to \$25,000. APPLICANTS INFORMATION: (PERSON REQUESTING RECORD) Name: Address: City, State / ZIP: Phone: Signature of Applicant – Acknowledged before a Notary Public (Signature) Subscribed and sworn before me this ______day of ______ A.D. ____by person listed above. Signature: Print: _____ Notary Public: _____ County, in the State of ____ My Commission Expires _____ "Outside of MI requires Notary Seal" Mail this Application with a check or money order payable to: Oscoda County Clerk PO Box 399 Mio, MI 48647 For additional Information call: 989-826-1109; Fax: 989-826-1136

Receipt #____ Clerk's Information: \$ Amount _____ Date: _____