

**Laura Richard**  
**Fort Bend County Clerk**  
**301 Jackson, Suite 101**  
**Richmond, Texas 77469-3108**  
**Phone: (281) 341-8685 Fax: (281) 341-8669**  
**Email: cclerkrecords@fbctx.gov**

**APPLICATION FOR A CERTIFIED COPY OF A MARRIAGE LICENSE OR  
KEEPSAKE MARRIAGE CERTIFICATE**  
*(Original Marriage License was purchased in Fort Bend County)*

**CERTIFIED COPY:** \$21.00 certified copy fee is non-refundable (TAC 181.22 (h)(s) and HSC 191.0045 (h)) and will be applied as a search fee or a license production fee when the clerk conducts a search of marriage records. You have the option of searching the records online at [ccweb.co.fort-bend.tx.us](http://ccweb.co.fort-bend.tx.us) and paying a "per page" copy fee when the customer provides the certificate number with the request. **\*\$1.00 per page + \$5.00 per certification (if requested) + \$1.00 vitals preservation fee.**

Please check this box to make a voluntary contribution of \$5 to promote healthy early childhood (HSC 191.0048) if purchasing a certified copy of a marriage license.

**KEEPSAKE MARRIAGE CERTIFICATE:** \$25.00 per copy. \$21.00 search fee applies when the clerk conducts a search of marriage records (TAC 181.22 (h)(s) and HSC 191.0045 (h)) and will be credited toward cost of keepsake certificate if record is found. The keepsake marriage certificate is NOT a legal document.

**THE FOLLOWING INFORMATION IS REQUIRED TO OBTAIN A COPY OF A MARRIAGE LICENSE FILED IN FORT BEND COUNTY. PROVIDE INFORMATION AS IT WOULD APPEAR ON THE ORIGINAL APPLICATION COMPLETED AT THE TIME OF THE MARRIAGE.**

APPLICANT ONE:

\_\_\_\_\_  
FIRST NAME MIDDLE LAST (MAIDEN OR PREVIOUS)

APPLICANT TWO:

\_\_\_\_\_  
FIRST NAME MIDDLE LAST (MAIDEN OR PREVIOUS)

DATE OF MARRIAGE: \_\_\_\_\_ MARRIAGE FILE NO. \_\_\_\_\_

**APPLICANT INFORMATION:**

\_\_\_\_\_  
FIRST NAME LAST NAME

MAILING ADDRESS \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP PHONE # (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\*NO. OF CERTIFIED COPIES REQUESTED \_\_\_\_\_ \*NO. OF KEEPSAKE CERTIFICATES REQUESTED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

**OFFICE USE ONLY**

Amount Paid \_\_\_\_\_ Clerk \_\_\_\_\_ Rcpt # \_\_\_\_\_ Date \_\_\_\_\_

(Circle One)  
Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card Auth # \_\_\_\_\_ Processed by \_\_\_\_\_

Date Completed \_\_\_\_\_ Walk in \_\_\_\_\_ Mailout \_\_\_\_\_ Hold for Pickup (Circle One) \_\_\_\_\_