

**KATHRYN L. BURKE**  
**WASHOE COUNTY RECORDER**

1001 E. 9<sup>th</sup> Street - Administration Building  
P.O. Box 11130 Reno, NV 89520-0027  
TELEPHONE 1-775-328-3660

**REQUEST FOR MARRIAGE RECORD**

All persons requesting a certified copy of a marriage record should provide as much of the following information as possible:

1. Groom's full Name: (**Nombre Del Novio**) \_\_\_\_\_
2. Bride's full Name: (**Nombre De La Novia**) \_\_\_\_\_  
(include maiden name or previously married name)
3. Date of Marriage: (**Fecha De Matrimonio**) \_\_\_\_\_
4. License Application Number: \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_
5. Please return this form and a **\$15.00 fee** for a certified copy of the marriage record (Proof of Marriage).  
**MONEY ORDER OR CASHIER'S CHECK ONLY, MADE PAYABLE TO: COUNTY RECORDER**  
(We are unable to accept Money Orders or Cashier's Checks from outside the U.S. Territory)  
( No Personal Checks )
6. Number of certified copies requested: \_\_\_\_\_ @ \$15.00 each = \$ \_\_\_\_\_
7. Return this request form, a self-addressed-stamped envelope and total fee to:

Washoe County Recorder  
Marriage Division  
P.O. Box 11130  
Reno, NV 89520-0027

8. Name & mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

email address: \_\_\_\_\_  
(if available - for any questions regarding your request)

**COMPLETE THIS SECTION FOR CREDIT CARD USAGE**

9. Credit Card # \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ (only)
- Expiration Date \_\_\_\_\_ 3-digit security code  
on back of card \_\_\_\_\_
- Name as it appears on credit card \_\_\_\_\_
- Billing Address \_\_\_\_\_ (*If different from mailing address*)  
\_\_\_\_\_  
\_\_\_\_\_

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**YOU MAY FAX THIS REQUEST TO 1-775-328-3662 FOR PROCESSING**  
PLEASE DO NOT E-MAIL CREDIT CARD INFORMATION