



**COUNTY OF PIPESTONE**

**STATE OF MINNESOTA**

**REQUEST FOR CERTIFIED COPY OF MARRIAGE RECORD**

**FULL LEGAL NAMES PRIOR TO THIS MARRIAGE:**

APPLICANT 1: \_\_\_\_\_

APPLICANT 2: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

**INFORMATION OF THE PERSON REQUESTING THIS RECORD**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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