

REQUEST FOR SEARCH OF MARRIAGE RECORD

Ogle County Clerk, 105 S 5th St – Suite 104, Oregon, IL 61061

Self-addressed stamped envelope is required

Male Name _____ Female Maiden Name _____

Date of Marriage _____ Number of Copies Requested _____
First Copy is \$7.00; Add'l Copies are \$4.00 each

Applicant's Signature _____

Address _____
Street City State Zip Code

Relationship to Person _____

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Document # \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_