



MARRIAGE VERIFICATION REQUEST • FORM 3970

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

- Are you requesting a verification letter for a marriage that occurred **on or after January 1st, 2014**?
 - If **Yes**, please proceed in completing this form.
 - If **No**, you will need to request your documents from the **COUNTY PROBATE OFFICE** where the marriage license was issued
- Was the marriage license **obtained** in the **state of Georgia**?
 - If **Yes**, please proceed in completing this form
 - If **No**, please contact *the state in which the marriage occurred* for the requested documents.
- In accordance with the *GA Code Ann., 31-10-27*, there is a **\$10.00 search fee for verification requests**
 - The \$10.00 search fee is **NON-REFUNDABLE**; if the file is FOUND, one verification letter will be provided
 - There is an **additional copy fee of \$5.00** for any additional copy requested at the time of purchase

EXAMPLE:	(1) Verification Letter	\$10.00 (includes search fee)
	+ (1) Additional Copy	\$5.00 (per copy)
	TOTAL DUE	\$15.00

- **INCOMPLETE** forms will be **RETURNED** to requester
- If this request is being mailed, please send (1) **this completed form**, (2) a **VALID copy of picture ID**, and (3) a **U.S. money order** or **certified check** for the exact amount made payable to the **State Office of Vital Records**.
- **ONE CHECK / MONEY ORDER PER APPLICATION**

DO NOT SEND CASH IN THE MAIL (YOUR REQUEST WILL NOT BE PROCESSED)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW

Total number of VERIFICATION LETTERS requested (\$10 fee includes ONLY Verification Letter)	ADDITIONAL copies requested: (1 copy included in \$10 fee, \$5 for each extra)	Total Due (refer to example above)

Section 1 REQUESTER'S INFORMATION

LEGAL FIRST NAME OF PARTY 1	MIDDLE NAME	LAST NAME	LAST NAME AT TIME OF MARRIAGE
LEGAL FIRST NAME OF PARTY 2	MIDDLE NAME	LAST NAME	LAST NAME AT TIME OF MARRIAGE
DATE OF MARRIAGE		PLACE OF MARRIAGE (CITY, COUNTY, STATE)	
FIRST NAME OF REQUESTER	LAST NAME OF REQUESTER		RELATIONSHIP (IF OTHER THAN A PARTY 1 or 2)
EMAIL ADDRESS OF REQUESTER		PHONE NUMBER OF REQUESTER	
SIGNATURE OF REQUESTER			

Section 2 SHIPPING ADDRESS

Write the name and address of the person to whom the verification letter is to be mailed and indicate their relationship to the person(s) whose name is on the marriage record		
NAME	RELATIONSHIP	
MAILING ADDRESS		
CITY	STATE	ZIP CODE

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.

STATE OFFICE OF VITAL RECORDS | 1680 PHOENIX BLVD. SUITE 100, ATLANTA, GA 30349 | PHONE 404.679.4702