

DATE _____

ARKANSAS DEPARTMENT OF HEALTH
VITAL RECORDS Section Slot-44
4815 West Markham
Little Rock, AR 72205

MARRIAGE RECORD APPLICATION

Only Arkansas events of marriage are filed in this office. Marriage records start with 1917. The fee is \$10.00 for each copy requested. This fee must accompany the application. Send check or money order payable to the Department of Health. **DO NOT SEND CASH.** Of the total fee sent \$10.00 will be kept to cover the search charge when the record is not located in our files. **Please allow 4 - 6 weeks for processing the request.**

FILL IN FOR A MARRIAGE RECORD

NAME OF GROOM _____

MAIDEN NAME OF BRIDE _____

DATE OF MARRIAGE _____
Month Day Year

COUNTY IN WHICH LICENSE WAS ISSUED _____

PLEASE ANSWER ALL QUESTIONS

What is your relationship to the parties named on the requested record?

What is your reason for requesting a copy of this record? _____

Signature and telephone number of person requesting this certificate:

DO NOT WRITE IN THIS SPACE

Searcher _____

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Certificates may be ordered by the following methods:

Internet: www.expressvitalrecords.com or www.vitalchek.com. The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover and American Express.) Certificates may be returned over night for the additional shipment fee.

OR

Telephone: Toll free (888) 803-1118 or (866) 209-9482. The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover or American Express) Certificates may be returned over night for the additional shipment fee.

OR

Walk in: The certificate may be ordered by coming into this office. If you want the copy the same day, our hours for same day service are 8:00 A.M. until 4:00 P.M. Monday – Friday. The office is located at 4815 West Markham St Little Rock, AR 72205. **Please order family history and genealogy by mail or Internet.**

CERTIFIED COPY (S)

Each copy is \$10.00

HOW MANY

AMOUNT OF MONEY CLOSED \$ _____

Please PRINT below the name and address of the person who is to receive the copy(s).

NAME _____

ADDRESS _____

CITY STATE ZIP _____

VR-9 (R 1/09)

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105.)