

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](http://www.expressvitalrecords.com) or [www.vitalchek.com](http://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 3:00 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 (9/07

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.)