D H E C

PROMOTE PROTECT PROSPER

APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD
DIVISION OF VITAL RECORDS

INFORMATION

1. Only marriage licenses issued after July 1950 in South Carolina are on file.
2. S.C. Law requires an $12.00 fee for the search of a marriage record. If located, a certified copy of the marriage record will be issued to those entitled. Verification of the date and place of marriage will be provided if the applicant is not entitled to a copy of the record. Additional copies of the same record ordered at the same time are $3.00 each. If not located, search fee is not refundable.
3. S.C. Law (Section 44-63-86) provides that "Copies of marriage certificates...may be issued to the parties married..., their adult children, a present or former spouse of either party married..., or their respective legal representative."
4. If the marriage occurred prior to July 1950, or if a copy of the application is required, contact the probate judge of the county where the marriage license was issued.
5. WARNING: FALSE APPLICATION FOR A MARRIAGE CERTIFICATE IS PUNISHABLE BY LAW (Section 44-63-161, S.C. Code of Laws, 1976, Amended).

INSTRUCTIONS

1. Complete all of the information sections of the form. **PLEASE PRINT**.
2. An application for a certified copy of a marriage record must be signed by one of the married parties, their adult children, a present or former spouse, or the legal representative of one of these persons. Relationship must be stated.
3. Checks and money orders should be made payable to **SC DHEC**. Send completed application and appropriate fee to:

   Division of Vital Records
   South Carolina Department of Health and Environmental Control
   2600 Bull Street
   Columbia SC 29201-1708

1 FULL NAME OF GROOM	First	Middle	Last		OFFICE USE ONLY
2. DATE OF BIRTH	Month	Day	Year	Race	YEAR — CERT. NO.
3. FULL NAME OF BRIDE	First	Middle	Last		DNL DATE
4. DATE OF BIRTH	Month	Day	Year	Race	PROC. DATE
5. HAS BRIDE EVER USED ANY OTHER NAME? ☐ Yes ☐ No	If so, please list:				ISSUE DATE
6. DATE OF MARRIAGE	Month	Day	Year		CONTROL NO.
7. PLACE LICENSE ISSUED	City	County	State SOUTH CAROLINA		
8. FEE	I am enclosing a Fee of $_____ for _____ CERTIFIED COPIES				Refund Refunded Amount $_____
9a. WRITTEN SIGNATURE OF APPLICANT					IDENTIFICATION
9b. RELATIONSHIP: Self ☐ Adult Child ☐ Present/Former Spouse ☐ Legal Representative of: _____ ☐ Not Related ☐					

NAME & ADDRESS OF APPLICANT (MUST BE COMPLETED)	PLEASE PRINT CERTIFICATE TO BE MAILED TO:
PLEASE PRINT 10. NAME	PLEASE PRINT (if other than applicant) 13. NAME
11. NUMBER, P.O. BOX AND STREET	14. NUMBER, P.O. BOX AND STREET
12. CITY, STATE AND ZIP CODE	15. CITY, STATE AND ZIP CODE