



Request for Marriage Records

(Please Allow 7 Working Days for Processing)

Applicant Name: _____
(at time of application) Last First Middle

Applicant Name: _____
(at time of application) Last First Middle

Date of Marriage: _____
Month Day Year

Place of Marriage: _____ License Issued in: _____
City County

Complete your name and address below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please make checks payable to
Pierce County Auditor

	Fees
Certified Copies Number of Copies @ \$3.00 Each	\$ _____
Photo Copies Number of Copies @ \$1.00 Each	\$ _____
Record Search \$8.00 Fee applies to marriages before 1984 and/or searches in 5-year increments	\$ _____
Total:	\$ _____

Skip the Line and Mail this Form to Us Instead!



Pierce County Marriage License

2401 South 35th Street, Room 200
Tacoma, WA 98409-7484

(253) 798-7445 | Fax: (253) 798-2623

www.piercecountywa.org/auditor