

**Franklin County Recorder of Deeds**  
**Marriage License Request Form**  
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(636)583-6367

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Date of Marriage \_\_\_\_\_

First Party Name (First Middle Last) \_\_\_\_\_

Second Party Name (First Middle Last) \_\_\_\_\_

Send copies to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: (      ) \_\_\_\_\_

Please return this form with a check or money order payable to RECORDER OF DEEDS, along with a self-addressed, stamped envelope to:

Recorder of Deeds  
400 E. Locust  
Rm. 102  
Union, MO 63084