

STATE OF MARYLAND  
MARYLAND STATE ARCHIVES  
350 ROWE BLVD  
ANNAPOLIS, MD 21401

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**Marriage Order Form, 1776-2011**

**Fees**

All government-created Marriage Records will be certified. The non-refundable and non-transferrable fee is \$25.00 per copy.

**Please Note:** The Archives will attempt to locate the record based upon the information you provide, but we cannot guarantee results. If the search provides no record matching the information provided, the fee is not returned, and a notification letter from the Archives is issued.

**Payment**

Acceptable forms of payment include personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa). You may order in person at the Archives, by United States Mail, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information and billing information. If paying by personal or corporate check or money order, just complete the shipping information.

**Marriage Certificates 2011 and Before**

Proceed to fill out the form below.

**Marriage Certificates 2012 and After**

Contact the Circuit Court where the marriage occurred or contact:  
The Maryland Department of Health, Division of Vital Records  
6764B Reisterstown Road, Reisterstown Road Plaza, Baltimore, MD 21215  
410-764-3038

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\* Required

**PLEASE PROVIDE INFORMATION NEEDED TO LOCATE THE MARRIAGE RECORD**

Number of Copies Requested \*: \_\_\_\_\_

Groom's Name \*: \_\_\_\_\_  
(first/middle/last)

Bride's Full Maiden Name \*: \_\_\_\_\_  
(first/middle/last)

Place of Marriage \*: \_\_\_\_\_ Date of Marriage \*: \_\_\_\_\_  
(city/county) (month/day/year)

Certificate Number (for Marriages after 1914, if known): \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SHIPPING INFORMATION**

Name (Print) \*: \_\_\_\_\_  
(first/middle/last)

Address \*: \_\_\_\_\_

City/State/Zip Code \*: \_\_\_\_\_

Telephone # \*: \_\_\_\_\_ Email \*: \_\_\_\_\_

**BILLING INFORMATION (if paying by card)**

Name (Print) \*: \_\_\_\_\_  
(first/middle/last)

Address \*: \_\_\_\_\_

City/State/Zip Code \*: \_\_\_\_\_

Credit Card # \*: \_\_\_\_\_ Credit Card (circle one) \*: Visa MasterCard

Expiration Date \*: \_\_\_\_\_ CVV (3 Numbers on Back) \*: \_\_\_\_\_  
(MM/YY)