

DATE _____

ARKANSAS DEPARTMENT OF HEALTH
Vital Records, Slot 44
4815 West Markham
Little Rock, AR 72205

MARRIAGE COUPON APPLICATION

Only Arkansas events of marriage are filed in this office. Marriage records start with year 1917.

Marriage records can be requested online, by telephone, by mail, or in-person.

The fee is \$10 for each copy requested. If no record is found, \$10.00 will be kept to cover the search charge.

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

X

Certificates may be ordered by the following methods:

(All requests require identity verification)

Internet: ar.gov/vitalrecords A \$5.00 non-refundable processing fee and a \$1.85 identification verification fee will be charged in addition to any expedited shipping options selected. Fees can be paid by debit or credit card (VISA, Mastercard, Discover, or American Express). Requests typically take 7 - 14 business days from the date your order is approved plus shipping time.

Telephone: Toll free (866) 209-9482. The service fee and the certificate fee are charged to your debit or credit card (Visa, Master Card, Discover or American Express). Overnight shipping is available for an additional fee.

Mail: Mail this application, a copy of your photo ID, and your check or money order to:
**Arkansas Department of Health
Vital Records Section-Slot 44
4815 West Markham Street
Little Rock, AR 72205**

The fee must be sent along with the application. Make the check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** Please allow 7-14 days for processing by mail.

Walk-in: Bring your photo ID and this completed application to the office. Orders are accepted for same day issuance from 8:00 A.M. until 4:00 P.M. Monday through Friday. The office is located at 4815 West Markham St. Little Rock, AR 72205. Please order family history and genealogy by mail or online.

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).

VR-10 (R 8/11)

CERTIFIED COPIES

Each copy is \$10.00.

HOW MANY _____

AMOUNT OF MONEY ENCLOSED
\$ _____

Please **PRINT** the name and address of the person receiving this request on the lines below.

NAME _____

ADDRESS _____

CITY STATE ZIP