



# REQUEST FOR VERIFICATION OF MARRIAGE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 421 (9-2024)

## TO: OFFICE OF COUNTY JUDGE

County	Date Requested
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**Verification of marriage is needed for official purposes by the agency named below.**

Human Service Zone			
Address	City	State	ZIP Code
Name	Case Number		

### SECTION I. (Complete every item in this section)

1. Full Name of Man (First - Middle - Last)	5. Full Name of Woman (First - Middle - Last)
2. Date of Birth (Month - Day - Year)	6. Date of Birth (Month - Day - Year)
3. Place of Birth (City - State)	7. Place of Birth (City - State)
4. Date of Marriage (Month - Day - Year)	8. Place of Marriage (City - State)
Signature of Person Making This Request	Title

### SECTION II. (For use of Office of County Judge only)

Correction of above statements made according to facts on record in this office

Book Number	Page Number	Document Number	Filing Date
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This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are to be used only for the official purposes of the agency named above.

Date Verified	Verified By
	Title

**DISTRIBUTION: ORIGINAL - Office of County Judge**

**COPY - Human Service Zone**