



# REQUEST FOR VERIFICATION OF MARRIAGE

ND DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 421 (Rev. 04-2005)

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:**

County Social Service Board:		Name:
Address:		Case Number:
City:	State:	

**SECTION I. (Fill in 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 - County Social Service Board