APPLICATION FOR APPOINTMENT AS DEPUTY COMMISSIONER OF CIVIL MARRIAGES

Please print all information below

Name of Applicant:

_____

Applicant's Driver's License Number:

_____

Applicant's Phone Number:

_____

Applicant's Address:

_____

Date of Ceremony:

_____

Address of Ceremony:

_____

Names of Wedding Party:

_____
1st Person

_____
2nd Person

_____
Signature of Applicant

_____
Date

Rev. 9/2022