

Mail Request for Marriage Records

Please Allow 7 Working Days for Processing

Your Name

(at time of application)

_____ Last

_____ First

_____ Middle

Your Spouse's Name

(at time of application)

_____ Last

_____ First

_____ Middle

Date of Marriage:

____ / ____ / ____
Month

Day

Year

Place of Marriage:

_____ City

License Issued in:

_____ County

Please make checks payable to **Pierce County Auditor** and complete the information below.

Phone: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

	Fees
Certified Copies Number of Copies @ \$3.00 Each	\$ _____
Genealogy Non Certified Photocopies Number of Copies @ \$1.00 Each	\$ _____
	Total \$ _____



Auditor's Office
2401 S. 35th St., Rm 200
Tacoma, WA 98409
Election Center
2501 S. 35th St., Ste. C
Tacoma, WA 98409



Auditor's Office
253-798-7427
Elections
253-798-VOTE (8683)



Website
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Email
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