



ELVARAY B. SILVAS
BROOKS COUNTY CLERK
P.O. BOX 427
FALFURRIAS, TEXAS 78355
PHONE (361) 325-5604 EXT. 150

APPLICATION FOR MARRIAGE LICENSE

REQUESTED

_____ Certified Copies x \$7.00 = _____

Total Enclosed = _____

1. Full Name of Person #1	First Name	Middle Name	Last Name
2. Full Name of Person #2	First Name	Middle Name	Last Name
3. Date of Marriage	Month	Day	Year

4. Applicant's Name: _____

5. Telephone #: _____

6. Mailing Address: _____
Street Address City State Zip

If the certified copy is to be mailed to some other person, please complete:

Name _____

Mailing Address _____

Signature of Applicant

Date