

Marriage Record Request Form



Kentucky Dept. for Libraries and Archives
P.O. Box 537, 300 Coffee Tree Road
Frankfort, KY
40602

Phone: 502.564.8300
Fax: 502.564.5773
<http://kdla.ky.gov>

Date:

Your Contact Information

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Daytime
Phone Number:

Email Address:

Marriage Record Requested

Name of Groom:

Bride's Maiden
Name:

County:

Date of Marriage:

Race:

Book Number,
if known

Page Number,
if known

Submit only one form & one payment at a time.

I have enclosed the required fee to process this request.

Select Fee Type