

D. Mike Smales
Elko County Recorder
571 Idaho St. Room 103
Elko, NV 89801
Telephone 775-738-6526

Request for Marriage Record

All persons requesting a certified copy of a marriage record should provide as much of the following information as possible:

1. Groom's full name: _____

2. Bride's full name: _____

(Include maiden name or previously married name)

3. Date of Marriage: _____

4. License Application Number: _____ Book _____ Page _____

5. Please return this form and a \$15.00 for a certified copy of the marriage record(Proof of Marriage)

Please make payable to Elko County Recorder from any United State Territory

6. Number of certified copies requested ____ @ \$ 15.00 each= \$ _____ an additional \$2 fee will be added for credit card processing fee.

7. Return this request form and total fee to:

Elko County Recorder
571 Idaho St. Room 103
Elko, NV 89801

8. Name & mailing address: _____

Contact Information in case of questions when processing order:

Phone #: _____ Email: _____

COMPLETE THIS SECTION FOR CREDIT CARD USAGE

9. Credit Card # _____ DC __ MC __ VISA ____ (ONLY)

Expiration Date _____ 3-digit security code ____ (back of card)

Name as it appears on credit card: _____

PLEASE FAX THIS REQUEST TO 1-775-738-3299 OR EMAIL recorder@elkocountynv.net FOR PROCESSING