



PAUL FERGUSON  
CLERK, CIRCUIT COURT

**ARLINGTON COUNTY, VIRGINIA**  
**CLERK OF THE CIRCUIT COURT**  
1425 N. COURTHOUSE ROAD, SUITE 6700  
ARLINGTON, VIRGINIA 22201

**Required information:**

Full name of Spouse: \_\_\_\_\_

Full name of Spouse: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

License # (If known): \_\_\_\_\_

**Request:**

Number of copies requested: \_\_\_\_\_  
(\$2.50 for each certified copy)

Delivery method:  
(Please choose one option)

1. I have enclosed a self-addressed, stamped return envelope: \_\_\_\_\_

2. I have included an additional \$.50 for mailing: \_\_\_\_\_  
(If self-addressed envelope is not included)

**Mail to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Checks payable to: **Clerk, Circuit Court**

**Please mail this request form to:**

**Attn. Marriage License**  
**Clerk of the Circuit Court**  
**1425 N. Courthouse Road, Suite 6700**  
**Arlington, VA 22201**