



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 postage: _____
(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