

APPLICATION FOR SEARCH OF CIVIL UNION RECORD FILES

PROVIDE ALL REQUESTED INFORMATION - PLEASE PRINT PLAINLY

COPY OF I.D. MUST BE PROVIDED BEFORE REQUEST WILL BE PROCESSED

FIRST			MIDDLE			LAST		
FULL NAME OF PARTNER A:								
FIRST			MIDDLE			LAST		
FULL NAME OF PARTNER B:								
MONTH DAY YEAR			PLACE OF CIVIL UNION:			CERTIFICATE NUMBER:		

The fee for a **SEARCH** of the civil union record files is **\$18.00**.
If the record is found, one copy is included as part of the \$18.00 fee.
Additional copies of the same record issued at the same time are \$5.00 each.

FURNISH ME _____ CERTIFIED COPIES

NAME (Print):		
SIGNATURE:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
YOUR RELATIONSHIP TO PERSON:		
TODAYS DATE:		
INTENDED USE OF CERTIFICATION:		
TELEPHONE NUMBER:		

Amount Enclosed: \$ _____ Cash Check Money Order D.I.D. Provided

PLEASE MAKE CHECKS PAYABLE TO:
JENNIFER EBNER
LASALLE COUNTY CLERK
707 E. ETNA RD
P.O. BOX 430
OTTAWA, IL 61350
(815) 434-8202