

5252.06

Official Form Prescribed by the Director of Health for Registration of Certified Abstract of Marriage
THIS ABSTRACT SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK

V.S. 51 Rev. (1/81)
HEA-2743 @ 06/23/16

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
COLUMBUS

STATE FILE _____

_____ COUNTY
PROBATE COURT

Vol. _____ Page _____ **CERTIFIED ABSTRACT OF MARRIAGE**

GROOM

BRIDE

1. Full Name	10. Full Name
2. Birth Number (Do not write in this space)	11. Birth Number (Do not write in this space)
3. Age last birthday	12. Age last birthday
4. Residence (County and State)	13. Residence (County and State)
5. Birthplace (State or Country)	14. Birthplace (State or Country)
6. Occupation	15. Occupation
7. Name of Father	16. Name of Father
8. Maiden Name of Mother	17. Maiden Name of Mother
9. Previously Married (Number of Times)	18. Previously Married (Number of Times)
19. Date Marriage License Issued _____	
20. Date Marriage Was Solemnized _____	

I hereby certify that the above is a true copy of the record on file in this court.

WITNESS my signature and the seal of said Court,

this date _____

Judge and Ex-Officio Clerk

By _____
Deputy Clerk