

COUNTY
PROBATE COURT
Vol. _____ Page _____

OHIO DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFIED ABSTRACT OF MARRIAGE

STATE FILE

APPLICANT 1

1. Full Name
2. Age Last Birthday
3. Residence
4. Birthplace
5. Occupation
6. Parent 1 (Name prior to first marriage)
7. Parent 2 (Name prior to first marriage)
8. Number of Previous Marriages

APPLICANT 2

9. Full Name
10. Age Last Birthday
11. Residence
12. Birthplace
13. Occupation
14. Parent 1 (Name prior to first marriage)
15. Parent 2 (Name prior to first marriage)
16. Number of Previous Marriages

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