



Birth Certificate Texas



13359 N. Hwy 183, Ste 406-588, Austin, TX 78750



512-399-6433



support@birthcertificatetexas.org

MARRIAGE VERIFICATION AUTHORIZATION LETTER

1. Full Legal Name of Person On Marriage Record

First Name: _____ Middle Name: _____ Last Name: _____
*(leave blank if no middle name)

2. Date of Marriage (month/day/year)

__ / __ / ____
(month/day/year)

3. Texas Place of Marriage

City: _____ County: _____

4. Full Legal Name of Spouse 1

First Name: _____ Middle Name: _____ Last Name: _____
*(leave blank if no middle name)

5. Birth Date of Spouse 1 (month/day/year)

Age: ____ __ / __ / ____
(month/day/year)

Social Security Number (If Known)

____ - ____ - ____

6. Full Legal Name of Spouse 2

First Name: _____ Middle Name: _____ Maiden
Last Name: _____
*(leave blank if no middle name) (Before First Marriage)

7. Birth Date of Spouse 2 (month/day/year)

Age: ____ __ / __ / ____
(month/day/year)

Social Security Number (If Known)

____ - ____ - ____

Request Reason

Records

Estate

Insurance

Taxes

Other: _____

Signature: _____

Date: __ / __ / ____