



Office of the DeKalb County Clerk & Recorder
Tasha Sims

CIVIL UNION RECORD REQUEST

Doc # _____

Searcher _____

Number of Copies Requested _____ Today's Date _____

(First Certified Copy is \$15.00; each additional copy of same record is \$5.00)

BEFORE completing, please be certain civil union occurred in **DeKalb County**

Civil Union records are only available to those named in the record, family members or an individual acting as an agent or legal representative of a person named in the record. The record will be released only if all of the following information is provided:

Partner A _____
First Name Middle Name Last Name (Name Prior to Civil Union)

Partner B _____
First Name Middle Name Last Name (Name Prior to Civil Union)

Date of Civil Union _____
Month Day Year

Place of Civil Union _____
City, Town or Village

Printed name of person requesting record

Your relationship to person named in record / Reason for request

Requester address (street, city, state and zip code)

Phone or Email

I affirm, under the penalty of perjury, that the representations made on this application are true to the best of my knowledge and belief.

Signature _____ Date _____

Requests by mail must include payment and copy of photo identification

Office use only: Form of ID _____ ID Number _____