



PAUL FERGUSON
CLERK, CIRCUIT COURT

ARLINGTON COUNTY, VIRGINIA
CLERK OF THE CIRCUIT COURT
1425 N. COURTHOUSE ROAD, SUITE 6700
ARLINGTON, VIRGINIA 22201

Required information:

Full name of Spouse:

Full name of Spouse:

Marriage Date:

License # (If known):

Phone Number:

Email:

Request:

Number of copies requested:
(\$2.50 for each certified copy)

Delivery method:
(Please choose one option)

1. I have enclosed a self-addressed, stamped return envelope:
2. I have included an additional \$.50 for mailing:
(If self-addressed envelope is not included)

Mail to:

Name:

Address:

City, State, Zip:

Checks payable to: **Clerk of the Circuit Court**

Please mail this request form to: Attn.

Marriage License

Clerk of the Circuit Court

**1425 N. Courthouse Road, Suite 6700 Arlington,
VA 22201**