



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: \_\_\_\_\_  
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(Please choose one option)

1. I have enclosed a self-addressed, stamped return envelope: \_\_\_\_\_
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**Mail to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Checks payable to: **Clerk, 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**