

County

5252.06

COUNTY

OHIO DEPARTMENT OF HEALTH
VITAL STATISTICS

APPENDIX M

PROBATE COURT
Vol. _____ Page _____

STATE FILE

CERTIFIED ABSTRACT OF MARRIAGE

GROOM

BRIDE

Grooms
Residence

1. Full Name

2. Age last birthday

3. RESIDENCE (County and State)

4. Birthplace (State or Country)

5. Occupation

6. Name of Father

7. Maiden Name of Mother

8. Number of Previous Marriages

9. Full Name

10. Age last birthday

11. RESIDENCE (County and State)

12. Birthplace (State or Country)

13. Occupation

14. Name of Father

15. Maiden Name of Mother

16. Number of Previous Marriages

17. Date Marriage License Issued

18. Date Marriage Was Solemnized

Brides
Residence

Official Form Prescribed by the Director of Health for Registration of Certified Abstract of Marriage
THIS ABSTRACT SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK
HEA 2743 (Rev. 4/93)

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