



Office of Vital Statistics
Marriage Monthly Report
 Due on or before the 5th day of each month
 provided by section 382.021, Florida Statutes

County: _____	Report Month/Year: _____
NUMBER OF MARRIAGES RECORDED AND ENCLOSED:	_____
NUMBER OF MARRIAGES AMENDMENTS ENCLOSED:	_____
NUMBER OF AFFIRMATION OF COMMON CHILDREN AND ENCLOSED:	_____

 Signature of Clerk of Circuit Court (or Designee)

 Typed/Printed Name of Clerk of Circuit Court

 Address

 City, State, Zip Code

 Date

<p>USE SPACE BELOW IF NO MARRIAGES WERE RECORDED DURING PRECEDING MONTH</p> <p>There were no Marriages Recorded during the Report Month/Year: _____</p>
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 Signature of Clerk of Circuit Court (or Designee)

 Typed/Printed Name of Clerk of Circuit Court

 Address

 City, State, Zip Code

 Date

COMPLETE AND ENCLOSE THIS FORM WITH YOUR SHIPMENT OF MARRIAGE RECORDS TO:

Department of Health
Office of Vital Statistics
Attn: Records Registration
P. O. Box 210
Jacksonville, Florida 32231-0042