

Saint Joseph County – City of South Bend Archives

1140 S. Lafayette Blvd.

South Bend, Indiana 46617

Telephone: 574-235-9091 Fax: 574-235-7856 e-mail: sjcarc@sbcglobal.net

NON-GENEALOGY DOCUMENTS ARE TO BE REQUESTED FROM ITS CORRESPONDING OFFICE.

GENEALOGY DOCUMENT REQUEST FORM. ONE REQUEST PER FORM.

●Please fill out all information requested below. You may fax your request to 574-235-7856 or e-mail to sjcarc@sbcglobal.net.

●Copy fee: \$ 0.05 per page for document.

●Archives staff does not certify, scan, or e-mail documents.

●The cover letter and invoice will be sent to you with the genealogy documents.

ORDERING ARCHIVES GENEALOGY DOCUMENTS.

●Please view our Genealogy Collections page for information on our records posted on the South Bend Area Genealogy Society website, www.sbags.org. The SBAGS website has collections from a variety of sources.

●The Archives Genealogy Collection documents may have records confidentiality restrictions according to Indiana Code, IC 5-14-3-2(9).

NOTE TITLE OF GENEALOGY DOCUMENT AND APPROXIMATE DATE.

Circle document: **MARRIAGE LICENSE** **MARRIAGE APPLICATION** **BOTH**

●REMEMBER THAT THE MARRIAGE LICENSE WILL BE RECORDED AT THE COUNTY WHERE YOU APPLIED.

●MARRIAGE LICENSE & APPLICATION. (Include Last Name at time of application.)

Applicant 1 _____

Applicant 2 _____

Marriage License Date _____ License # _____ County Applied _____

Circle document: **DIVORCE/DISSOLUTION** **PROPERTY SETTLEMENT** **BOTH**

Plaintiff's Name _____

Defendant's Name _____

Date of Dissolution _____ Cause # (if known) _____

OTHER GENEALOGY DOCUMENT: TITLE/TYPE OF DOCUMENT _____

Name(s) _____

Event Date _____ Cause # _____ Court _____

Other information: _____

CONTACT INFORMATION.

Today's Date _____ Requested by: _____

Telephone _____ e-mail _____

Mail to: Name/Address _____
