



JUAN FERNANDEZ-BARQUIN
CLERK OF THE COURT AND COMPTROLLER
MIAMI-DADE COUNTY

REQUEST FOR CONFIDENTIALITY
OF A MARRIAGE RECORD

This request is being made for confidentiality according to Florida Statutes 119.

Print your name and reason you are claiming confidentiality based on the above Florida Statute.

I attest that as a _____ I am covered under Florida Statute _____ and hereby request that my (Home Address, Social Security Number or Date of Birth) be redacted from the Book _____ Page _____ or Record number _____ for Marriage License Application number _____ of the Official Records of Miami-Dade County.

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Miami-Dade County Marriage License's staff to process my request for confidentiality.

I agree to indemnify and hold harmless the Miami-Dade Clerk of Courts for all claims proximately resulting from this request. Furthermore, I affirm that the only document(s) being redacted is/are identified by Book and Page or Record number of the above Marriage License.

Signature and Date

Print Full Name

Address

City, State, Zip

Telephone

State of Florida County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

by _____

Personally known _____ or produced identification _____

Type of identification produced _____

Signature of Notary / Deputy Clerk _____

Complete form(s) with the appropriate information, can be mailed or delivered to the Marriage License Bureau, 601 NW 1st Court, room 1900, Miami, Florida 33136. Incomplete document(s) will not be processed.

Accepted by: _____ Date: _____

Print Name: _____