

JEFFERSON COUNTY, COLORADO REQUEST FOR CIVIL UNION LICENSE COPY

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CIRCLE ONE:	COPIES	CERTIFIED COPIES
Date:	-	
SEND COPIES TO:		
Mailing Address:		
City, State & Zip C	Code:	
Full name of Party One: _		
Full name of Party Two:		
Month and Year of civil u	ınion:	
Reception #, if known:		

PLEASE MAIL THIS FORM ALONG WITH YOUR CHECK OR MONEY ORDER TO:

JEFFERSON COUNTY CLERK AND RECORDER 100 JEFFERSON COUNTY PARKWAY, SUITE 2560 GOLDEN, CO 80419-2560

WE ARE UNABLE TO ACCEPT CREDIT CARDS AT THIS TIME!