

Colleague Name: _____

Colleague ID #: _____



**ANNOTATION OF MARRIAGE FACTS ABSTRACTED FROM
CERTIFIED COPY OF MARRIAGE CERTIFICATE**

IMPORTANT: The colleague is responsible for submitting the completed form to the HSHS Colleague Service Center at FYI@hshs.org or by Fax: 217-492-5896

Human Resources shall verify the following information from a certified copy of the marriage certificate.

The following marriage facts were abstracted from a certified copy of a marriage certificate (with registrar’s raised seal, signature, date of issuance, and watermark) which was presented to me:

1. Groom’s Name (First Name)		(Full Middle Name)	(Last Name)	(Title, e.g., Jr.)
2. Bride’s Name (First Name)		(Full Middle Name)	(Last Name)	
3. Date of Marriage (Month, Day, Year)	6. Place of Marriage (State)		City, Village, Town	County
7. Certified Copy of Marriage Certificate Issued by <input type="checkbox"/> State Registrar Office <input type="checkbox"/> Local Registrar Office:			8. Date of Issuance (Month, Day, Year)	
9. Date Certified Copy of Marriage Certificate Presented to Office (Month, Day, Year)		10 Certified Copy of Marriage Certificate Presented/Sent by (Name of Person)		

FOR HUMAN R RESOURCES USE ONLY:

Certification Statement:

I affirm that, to the best of my knowledge and belief, I accurately abstracted the information listed on this form from a certified copy of the marriage certificate presented as proof of identity for the above-listed individuals. I returned the certified copy of the marriage certificate to the person who presented it/sent it.

Signature

Date Signed (Month, Day, Year)

