

CLERK OF THE CIRCUIT AND COUNTY COURTS 11TH JUDICIAL CIRCUIT  
MIAMI-DADE COUNTY



**REQUEST FOR CONFIDENTIALITY**  
**OF 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.

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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  
\_\_\_\_\_ 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 1<sup>st</sup> Court, room 1900, Miami, Florida 33136. Incomplete document(s) will not be processed.**

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_