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Kitsap County Auditor Copy Request Form

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| Search Request | | | | |
| Record Number(s): | | | | |
| Recorded Documents | | | | |
| Marriage Date: | | | | |
| Name of Applicant B: | | | | |
| Name of Applicant A: | | | | |
| Marriage Copies | | | | |
| Please send me a copy of th | e following document(s): | | | |
| Document Search link: http (This link may help you dete | | | | |
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For other copy fees: https://spf.kitsapgov.com/auditor/Pages/recording-fees.aspx

Additional pages: (\$1 per page)

Mail this request with the correct copy fee to: Kitsap County Auditor Recording Division 614 Division St MS-31 Port Orchard, WA 98366