



Missouri Department of Revenue
Children's Trust Fund

County Name
County Address
Report Period

Marriage License Issued _____ X \$15 = _____ Check Number _____
Certified Copies Issued _____ X \$7 = _____ Check Number _____
Total Due = \$ _____

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Signature of Recorder	Date (MM/DD/YYYY) ____/____/____

Mail to: Taxation Division
P.O. Box 453
Jefferson City, MO 65105-0453

Phone: (573) 751-5900
Fax: (573) 522-1720
E-mail: countyfees@dor.mo.gov

Visit
<http://dor.mo.gov/business/citycounty/>
for additional information.

Form 4600 (Revised 10-2015)



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