

CERTIFIED COPY OF MARRIAGE LICENSE REQUEST

DATE/YEAR OF MARRIAGE: _____

MARRIAGE LICENSE NUMBER: *(If applicable)* Vol./Bk. _____ Pg. _____

SPOUSE 1 FULL/MAIDEN NAME: _____

a/k/a (if any): _____

SPOUSE 2 FULL/MAIDEN NAME: _____

a/k/a (if any): _____

EITHER SPOUSE A VETERAN OR CURRENT MILITARY _____ (YES OR NO)
(If yes, contact our office before sending request.)

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

Fee: **\$5.00**/Per Certificate

Long Form/Dual Citizenship: **\$15.00** *(If you need this for Dual Citizenship you MUST note on this form, as we need to enclose a certified copy of the application with the certified license)*

MAIL PAYMENT WITH REQUEST FORM:

CHECK: Mail a check in the amount per certificate requesting.

PAYABLE TO: Register of Wills

MAIL TO: Register of Wills

633 Court Street, 2nd Floor, Reading, PA 19601

Please include a self-addressed envelope

MONEY ORDER: Mail Money Order in the amount per certificate requesting.

PAYABLE TO: Register of Wills

MAIL TO: Register of Wills

633 Court Street, 2nd Floor, Reading, PA 19601

Please include a self-addressed envelope

IN PERSON: May pick up certificate in office during business hours.

Accepted payment method: **Cash or Check.**

VISA/MASTERCARD:

Minimum charge of \$20.00. If you are requesting four (4) or more certificates, call our office, make your request, and provide your payment information along with your mailing address.