CERTIFIED MARRIAGE RECORD REQUEST

- Certified Marriage Certificates are needed for REAL IDs, and insurance purposes
- **$5.00 EACH**, payable by cash, check or money order to: Clerk of Orphans' Court
- YOU MUST ENCLOSE A SELF-ADDRESSED, STAMPED ENVELOPE WITH YOUR REQUEST
  (if you don't include envelope, cost is $7 each)

PRINT OR TYPE CAREFULLY

*Full Name Applicant 1: _____

*Full Name Applicant 2: _____

**INCLUDE MAIDEN NAMES WHERE APPLICABLE*

Marriage Date: _____

Number of certified COPIES: _____

Amount Enclosed: _____

Fee Waiver Request - U.S. Armed Forces

The Fee is waived if the applicant is requesting the Certificate for self or spouse.

☐ I am or *my* current legal spouse (includes widow/widower if not remarried) is in active service or was honorably discharged from service.

Armed forces Member's name: _____

Service Number: _____

Name to mail back to: _____

Address: _____

_____

Email Address _____

MUST provide a contact Phone Number: _____

Date this request was sent : _____

Any Questions please call our office at 724.465.3860

Mail to: CLERK OF ORPHANS' COURT
825 PHILADELPHIA STREET
INDIANA, PA 15701