

Request for Certified Copy—Marriage License

Requester Name: _____

Mailing Address: _____

Telephone #: _____

Marriage Record

Marriage License # (if available): _____ Approximate Date of Marriage: _____

Applicant #1's Name (at time of application): _____

Applicant #2's Name (at time of application): _____

Payment Information

\$10.00 Each. Cash, Money Order, or Credit Card* Only

NO PERSONAL CHECKS WILL BE ACCEPTED.

****A third-party credit card processor, Govolution, will charge you a separate processing fee of 2.55% on the total amount paid. \$1.00 minimum.***

of Copies: _____

Amount Enclosed: _____

Payment Type Enclosed: Cash Money Order Credit Card

If using a credit card, please provide the following:

Name on Card: _____

Credit Card Holder's Address: _____

Credit Card #: _____

Security Code: _____

Expiration Date: _____

Signature Authorizing Payment: _____

E-mail Address of Card Holder: _____

Please mail request and payment to:

Marriage License Bureau
Dauphin County Courthouse
101 Market Street, Room 103
Harrisburg, PA 17101