

Request for Genealogical Search

Requester Name: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____

Search Information

Decedent Name: _____

City/Township/Borough where decedent lived: _____

Approximate date of death: _____

Other pertinent search information: _____

Payment Information

\$30.00 Each. Cash, Money Order or Credit Card* Only

(NO PERSONAL CHECKS ARE 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.**

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:

Register of Wills - Genealogy

Dauphin County Courthouse

101 Market Street, Room 103

Harrisburg, PA 17101