

Request for Search – Death Certificate

Name: _____ Telephone: _____

Mailing Address: _____ Email Address: _____

DEATH RECORD (for the years 1893 – 1906 only)

Name at Death: _____ Approximate Date of Death: _____

Other Information: (i. e. spouse's name, place of birth, etc.)

Payment Information

\$25.00 each name, Cash, Money Order or Credit Card* Only NO PERSONAL CHECKS

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

Number of Searches: _____ Amount Enclosed: _____

Payment Type Enclosed: ___ Cash ___ Money Order ___ Credit Card

If using a credit card, please provide the following:

Name on Card: _____ Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Credit Card Holder's Address: _____

Signature Authorizing Payment: _____

E-Mail Address of Card Holder: _____

Please mail request and payment to:

Register of Wills

Dauphin County Courthouse

101 Market Street, Room 103

Harrisburg, PA 17101