

Request for Certified Copy—Marriage

Requester Name: _____
Mailing Address: _____

Phone: _____
E-mail: _____

Marriage Information

Marriage License # (if available): _____ Approximate Date of Marriage: _____
Applicant #1's Name (at time of application): _____
Applicant #2's Name (at time of application): _____

Documents Requested

Quantity Requested:	
_____	Marriage Certificate
_____	Complete Archival Marriage Record (includes genealogical data)

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.*

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

Amount Enclosed/Authorized: \$ _____

If using a credit card, please provide the following:

Name on Card: _____

Signature Authorizing Payment: _____

Credit Card Holder's Address: _____

Credit Card #: _____ Security Code: _____

Expiration Date: _____

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