

**Request for Short Certificate(s)**

Requester Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Estate Information**

Decedent's Name: \_\_\_\_\_

Estate Number: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**Payment Information**

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

**\*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.**

Number of Short Certificates: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Payment Type Enclosed: \_\_\_\_\_ Cash \_\_\_\_\_ Check/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

Dauphin County Courthouse

101 Market Street, Room 103

Harrisburg, PA 17101