

CERTIFIED MARRIAGE RECORD REQUEST

Certified Marriage Certified are **\$10.00** each. Payable by check or Money order to: **Clerk of Orphans' Court of Lancaster County, PA.**

DO NOT MAIL CASH

PLEASE ENCLOSE A SELF-ADDRSSED, STAMPED ENVELOPE WITH YOUR REQUEST.

PRINT OR TYPE CAREFULLY

Full name of Applicant 1: _____

Full Name of Applicant 2: _____
At time of Marriage License Application

Marriage Date: _____

Check here if your request is for use with a foreign adoption.

Number of certified records: _____

Fee Waiver Request – U.S. Armed Forces

The fee is waived if the applicant is requesting the Certificate for self or spouse.

Amount Enclosed: _____
(\$10.00 each)

I am or my current legal spouse (includes widow/widower if not remarried) is in active service or was honorably discharged from service.

Armed forces member's name: _____
Service number: _____

Name and Mailing Address: _____

Contact Phone Number: _____

Date this request was sent: _____

Send to: **Marriage License Department**
Lancaster County Courthouse
50 North Duke Street
Lancaster, PA. 17602