

# MARRIAGE RECORDS ORDER FORM

Requestor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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(Please provide maiden name if applicable)

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_

Date of Marriage \_\_\_\_\_ License # (if known) \_\_\_\_\_

Certified Copy of Marriage License \_\_\_\_\_ x \$5.00 each \$ \_\_\_\_\_

Certified Copy of Application \_\_\_\_\_ x \$5.00 each \$ \_\_\_\_\_

Photocopy of Application \_\_\_\_\_ x \$1.00 each \$ \_\_\_\_\_

**Required Research Fee** ..... **+ \$5.00**

Total Amount Due: \$ \_\_\_\_\_

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**PAYMENT BY MONEY ORDER OR CASHIER'S CHECK ONLY**

PAYABLE TO: "REGISTER OF WILLS"

PERSONAL CHECKS ARE **NOT** AN ACCEPTED FORM OF PAYMENT.

**ALL REQUESTS MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE**

MAIL REQUEST & MONEY ORDER TO:

**BUTLER COUNTY REGISTER OF WILLS  
PO BOX 1208  
BUTLER, PA 16003-1208**