

MARRIAGE RECORDS ORDER FORM

(This form is for mail in requests only)

Requestor's Name: _____

Address: _____

City: State: _____ Zip code: _____

Phone: _____ Email: _____

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(Please provide prior 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**

PAYMENT BY MONEY ORDER OR CASHIER'S CHECK ONLY

PAYABLE TO: "REGISTER OF WILLS"

PERSONAL CHECKS ARE NOT AN ACCEPTED FORM OF PAYMENT.

ALL MAIL IN 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**

- You may also request additional copies in person through our office
(Cash or credit card accepted)
 - Or over the phone (credit card only). **724-284-1409**
(Convenience fees apply when using a credit card)
(You do not need to provide this form in office or over the phone)