

# MARRIAGE CERTIFICATE REQUEST FORM

PLEASE EMAIL THIS COMPLETED FORM TO  
RegisterOfWills@CARBONCOURTS.COM

PLEASE USE THE LEGAL LAST NAME YOU HAD  
WHEN YOU APPLIED FOR YOUR MARRIAGE LICENSE

DATE OF MARRIAGE:

FILE NUMBER IF KNOWN:

## APPLICANT 1

FIRST NAME

LAST NAME

PHONE #

## APPLICANT 2

FIRST NAME

LAST NAME

PHONE #

NUMBER OF CERTIFICATES REQUESTING:

### EACH CERTIFICATE IS \$10.00, PLEASE CHOOSE PAYMENT METHOD BELOW

CHECK

*(MAIL US A CHECK FOR THE  
AMOUNT DUE, ALONG WITH A  
SELF-ADDRESSED STAMPED  
ENVELOPE. ONCE WE RECEIVE  
THE CHECK AND ENVELOPE, WE  
WILL SEND YOU THE CERTIFICATE(S)  
IN THE MAIL.*

PLEASE MAKE CHECKS PAYABLE TO:  
**ORPHANS' COURT**

#### OUR MAILING ADDRESS

ORPHANS' COURT  
P.O. BOX 286  
JIM THORPE, PA 18229

DEBIT/CREDIT

NAME ON CARD:

EMAIL ADDRESS:

CARD NUMBER:

EXP. MM/YY:

BILING ZIPCODE:

MAILING ADDRESS:

*\*THERE WILL BE A \$0.60 CHARGE  
FOR POSTAGE AND A 3.5%  
CONVENIENCE FEE FOR USING  
THE CREDIT CARD MACHINE.*

PLEASE CALL US IF YOU HAVE ANY QUESTION (570) 325-2261