APPLICATION TO OBTAIN A CERTIFIED MARRIAGE CERTIFICATE

Name of Applicant _____

Name of Applicant _____

Date of Marriage M/D/Y _____

Place of Marriage _____

Name of Officiating Officer _____

Marriage Certificate Number (if known) _____

Send Record to: *Name* _____

Address _____

City _____ *State* _____ *Zip* _____

Telephone Number _____

Number of Copies _____ *($7.00 for each copy requested)*

**Please send check/money order made payable to Clerk of Orphans' Court*

Mail to:
Clerk of Orphans' Court
Willowbank Office Building
414 Holmes Street Suite 2
Bellefonte, PA 16823
(814)355-6724