**ERIE COUNTY CLERK OF RECORDS**

**REGISTER OF WILLS AND ORPHANS' COURT DIVISION**

**Aubrea Hagerty-Haynes,**

Clerk of Records

**REQUEST FOR CERTIFIED COPY OF**

**MARRIAGE LICENSE**

*\*\* Please print legibly*

**Applicant A’s full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Husband / wife (circle one) First Middle (Maiden name (or name at time

 of application, if applicable)

**Applicant B’s full name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Husband / wife (circle one) First Middle (Maiden name (or name at time

 of application, if applicable)

**Date of Marriage**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person requesting information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number (and/or) email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified copies of marriage record are $5.00 each. Please include a self-addressed, stamped envelope and check or money order payable to **“Clerk of Records”** and forward your request to:

 Marriage Bureau

 Erie County Courthouse

 140 West Sixth Street, Room 123

 Erie, PA 16501

Questions? Please call (814) 451-6347 for further information.

Erie County Courthouse I 140 W. Si xth St ., Room 122, Erie, PA 16501 I Phone: 814-451-6260 www.eriecountypa.gov I registerofwills@eriecountypa.gov