



**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.