

Marriage Record Order Form

Please allow UP TO 2 WEEKS for your order to be complete

I would like to order a copy of the following marriage record

Your Name at time Marriage Application: (PLEASE PRINT CLEARLY)

Last: _____ First: _____ Middle: _____

Spouse's name at time Marriage Application: (PLEASE PRINT CLEARLY)

Last: _____ First: _____ Middle: _____

Date of Marriage: _____

Type of Marriage Record Requested:

_____ Plain - \$2.00

_____ Certified Record - \$25.00

_____ Exemplified Copy - \$30.00

Enclosed is a check or money order made payable to: "Clerk of Orphans' Court"

In the amount of: \$ _____

Military Service? YES _____ NO _____

Please send the Marriage Record to:

(PLEASE PRINT CLEARLY)

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

***Please provide a self-addressed stamped envelope. This will expedite processing time.**

MAIL COMPLETED FROM TO:

Rachel Ezzell Berry, Esquire
Register of Wills Marriage Records Dept.
1st Floor Government Center
201 West Front Street Media, PA 19063

Phone 610 – 891 – 4400

*This fee will be waived for active or veteran members of the military when obtaining ONE CERTIFIED COPY of their own marriage record. Please provide proof of military service.