CERTIFIED COPY OF MARRIAGE LICENSE
ORDER FORM

RETRIEVAL/HANDLING FEE (REQUIRED FOR EACH REQUEST)

Duplicate Certificate: **6.00 Each – CASH OR M.O. ONLY**
NO PERSONAL CHECKS
M.O. PAYABLE TO CLERK OF ORPHANS' COURT

I would like to order: **____ certified duplicate marriage license(s)**

APPLICANT ONE'S NAME:

_____

(Please Print Clearly) LAST FIRST M.

APPLICANT TWO'S NAME:

_____

(Please Print Clearly) LAST FIRST M.

_____

Address (City, State, Zip Code)

_____ (PH # & EMAIL, IF ANY)

DATE OF MARRIAGE: _____ LICENSE # (if known)_____

MAIL REQUEST & MONEY ORDER/CASH TO:

MERCER COUNTY CLERK OF ORPHANS' COURT
112 Courthouse
Mercer, PA 16137

ML-Order.Frm