

CERTIFIED MARRIAGE LICENSE APPLICATION

MARRIAGE INFORMATION:

*DATE OF MARRIAGE: _____

MARRIAGE LICENSE NUMBER (IF KNOWN): _____

*SPOUSE 1 FULL/MAIDEN NAME: _____

SPOUSE 1 A/K/A (IF ANY): _____

*SPOUSE 2 FULL/MAIDEN NAME: _____

SPOUSE 2 A/K/A (IF ANY): _____

EITHER SPOUSE A VETERAN OR CURRENT MILITARY CIRCLE: (YES OR NO)

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE NUMBER: _____

CASH/CHECK/OR MONEY ORDER ONLY- \$10

MAKE PAYABLE TO: *REGISTER OF WILLS*

MAIL PAYMENT AND APPLICATION TO:

REGISTER OF WILLS

61 EAST MAIN STREET

UNIONTOWN, PA 15401

QUESTIONS? CALL 724-430-1206

***MUST COMPLETE**