## Probate Court Record Room Estate Research or Copy Request

Date Requested:	Requested by (Your Name):				
Estate No.:		Estate Name:			
Call when ready		Telephone Nos:			
O I will pick up in the Record Room					
I have enclosed a self-addressed and stamped envelope so the copies can be mailed to me		You are required to provide a self-addressed and stamped envelope with every mailed request.			
Full Mailing Address:					
		<del></del>			
○ Money Order Enclosed ○ I will pay when I pick up documents in the Record Room \$10.00 Research Fee; \$1.00 /page for copies; \$10.00 for certified copies plus \$1.00 / page					
\$15.00 for exemplified copies plus \$1.00/page  Money Order No.: Amount:					
No checks or cash will be accepted					

## I am requesting:

Quantity	Description	Plain Copies \$1/page	Certified Copies \$10.00 plus \$1/page	Copy \$15.00 plus \$1/page	Cost
	Letters Testamentary	0	0	0	
	Letters of Administration	0	0	0	
	Letter of Guardianship Minor / Adult	0	0	0	
	Last Will and Testament	0	0	0	
	Entire Proceeding or File	0	0	0	
	Other:	0	0	0	
	Research Fee Required with mail request				\$10.00
	TOTAL OWED  Money Order Only				

Mail to: Probate Court of Chatham County

P.O. Box 8344

Savannah, Georgia 31412