

# Probate Court Record Room

## Existing Marriage Document Request

Date Requested:	Requested by (Your Name):		
SPOUSE ONE FULL NAME (BEFORE MARRIAGE)		SPOUSE TWO FULL NAME (BEFORE MARRIAGE)	
<input type="radio"/> <del>Call when ready</del> <span style="color: red; font-size: small;">Not available during COVID</span>		Telephone Nos:	
<input type="radio"/> I will pick up in the Record Room			
<input type="radio"/> I have enclosed a self-addressed and stamped envelope so the copies can be mailed to me		<b><i>You may put this form in the drop box at the door of the Probate Court but money order and self-addressed envelope must be included.</i></b>	
Full Mailing Address:			
_____ _____ _____			
<p><b>*Must attach money order or cashier's check in correct amount</b></p> <p><b>*Must include self-addressed and stamped envelope</b></p>			
Money Order/Cashier's Check No.:		Amount:	
_____		_____	
<b>No cash or personal checks will be accepted</b>			

### I am requesting:

Description	# REQUESTED (HOW MANY?)	COST PER COPY	AMOUNT OWED
CERTIFIED COPY(S) OF MARRIAGE CERTIFICATE		X \$10.00	
PLAIN COPY(S) OF MARRIAGE CERTIFICATE		X \$1.00	
CERTIFIED COPY(S) OF OTHER DOCUMENT (DESCRIPTION):		X \$10.00	
<b>Research Fee Required with mailed-in request</b>			<b>+ \$10.00</b>
TOTAL OWED			
Money Order Only			

Mail to: Probate Court of Chatham County  
 P.O. Box 8344  
 Savannah, Georgia 31412

To make an appointment with the Record Room,  
 please go to  
<https://www.signupgenius.com/go/RECORDROOM>  
 Only 1 person will be admitted for the 30 minute  
 appointment and all must wear a facemask