## **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)		
_		Date of Marriage:		
See below to make appointment				
O I have enclosed a self addressed and stamped		Telephone Nos.:		
I have enclosed a self-addressed and stamped envelope so the copies can be mailed to me				
		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.		
Full Mailing Address:				
*Must a	ttach money	order in correct amount		
*Must inclu	de self-addre	essed and stamped envelope		
Money Order No.:		Amount:		
	No checks or o	ash will be accepted		

## 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	
Research Fee Required with mailed-in request			+ \$10.00
	TOTAL OWED  Money Order Only		

Mail to: Probate Court Chatham County P.O. Box 8344

Savannah, Georgia 31412

To make an appointment with the Record Room, please go to

https://courts.chathamcountyga.gov/Probate/MarriageLicenses