

# Probate Court Record Room

## Existing Marriage Document Request

Date Requested:	Requested by ( <u>Your Name</u> ):		
SPOUSE ONE FULL NAME (BEFORE MARRIAGE)		SPOUSE TWO FULL NAME (BEFORE MARRIAGE)	
<input type="radio"/> <del>Call when ready</del> <i>Not available during COVID</i> <input type="radio"/> See below to make appointment <input type="radio"/> <i>I have enclosed a self-addressed and stamped envelope so the copies can be mailed to me</i>		<b>Date of Marriage:</b>	
		Telephone Nos.:	
		<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><i>*Must attach money order in correct amount</i></b></p> <p><b><i>*Must include self-addressed and stamped envelope</i></b></p>			
Money Order No.: _____		Amount: _____	
<b>No checks or cash 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>
<b>TOTAL OWED</b>			
<b><i>Money Order Only</i></b>			

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