

EXISTING MARRIAGE DOCUMENT REQUEST

Marriage Certificate

Marriage Application

DATE _____

SPOUSE ONE – FULL NAME (BEFORE MARRIAGE)

SPOUSE TWO – FULL NAME (BEFORE MARRIAGE)

DATE OF MARRIAGE _____

NUMBER OF CERTIFIED COPIES NEEDED \$10.00/each _____

NUMBER OF PLAIN COPIES NEEDED \$1.00/each _____

RESEARCH FEE \$10.00 (required with mailed requests) \$10.00

TOTAL OWED \$ _____

You must enclose a money order made payable to Probate Court of Chatham County in the exact amount owed for the copies requested. Cash or checks will not be accepted. Requests without proper payment will be returned without copies. All fees are nonrefundable. *Send a self-addressed, stamped envelope for your certified copies.*

Your Name: _____

Your Phone Numbers: _____

Your Email: _____

Your Mailing Address:

Street _____ Apt or Unit No _____

City _____ State _____ Zip Code _____

**Mail this request to:
Probate Court of Chatham County
133 Montgomery Street, Room 509
Savannah, Georgia 31401**

If you have questions, please call (912) 652-7268