

Probate Court Record Room Estate Research or Copy Request

Date Requested:	Requested by (Your Name):
Estate No.:	Estate Name:
<input type="radio"/> Call when ready <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	Telephone Nos: <p style="text-align: center;"><i>You are required to provide a self-addressed and stamped envelope with every mailed request.</i></p>
Full Mailing Address:	
_____ _____ _____	
<input type="radio"/> Money Order Enclosed <input type="radio"/> I will pay when I pick up documents in the Record Room <p style="text-align: center;">\$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</p>	
Money Order No.: _____ Amount: _____ <p style="text-align: center;">No checks or cash will be accepted</p>	

I am requesting:

Quantity	Description	Plain Copies \$1/page	Certified Copies \$10.00 plus \$1/page	Exemplified Copy \$15.00 plus \$1/page	Cost
	Letters Testamentary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Letters of Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Letter of Guardianship Minor / Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Last Will and Testament	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Entire Proceeding or File	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	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