

MARRIAGE

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Application for Certified Copy of Marriage Record
Marriage License Bureau
Clerk of Orphans' Court
The Scranton Electric Building
Suite 400
507 Linden Street
Scranton, PA 18503
(Records available from 1885 to present)

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa. C.S. Par. 4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. Par 4120 or other sections of the Pennsylvania Crimes Code.

Signature required on ALL REQUEST: [Signature Line]
Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, eligible requestor must sign above.

PRINT or TYPE your name & address.

Name: [Name Line] Relationship to Person [Relationship Line]
Named on Certificate: [Named on Certificate Line]

Address: [Address Line]

City: [City Line] State [State Line] Zip [Zip Line]

Daytime phone number: ([Area Code]) [Phone Line] - [Phone Line] E-Mail Address [E-Mail Line]

Intended Use of Certified Copy: [] Travel (Date needed ([Date Line])) [] Social Security/Benefits
[] School [] Employment [] Driver's License [] Other (List reason: [Reason Line])

PHOTO ID REQUIRED: The individual requesting the record must send a legible copy of his/her VALID GOVERNMENT ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address or passport. If possible, enlarge photo ID on copier by a least 150%.)

PRINT or TYPE information below with regard to person named on requested certificate: Number of Copies: [Copies Line]

MALE Name [Name Line]

FEMALE Name [Name Line]
(Maiden or Last Name of Female at time of Application)

Date of Marriage [Date Line]

Place of Marriage [Place Line]

MARRIAGE RECORD: \$20.00 each, payable to Marriage License Bureau.

No fee may be required for marriage records of Armed Forces members and their dependents. Please complete the following:

Armed Forces Member's Name [Name Line] Service Number: [Service Line]

Relationship to Armed Forces Member: [Relationship Line] Rank and Branch of Service [Rank Line]

PLEASE ENCLOSE A SELF-ADDRESSED ENVELOPE.