

# Marriage License-Certified Copy Request Form

**Payment MUST be included with Request Form**

Name of Applicant 1/Groom:

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Name of Applicant 2/Bride (Maiden Name):

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Date of Marriage (If unknown, estimate on date):

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Number of Copies: \_\_\_\_\_ x \$3.00 = \_\_\_\_\_

Payment in the form of Cash or Check/Money Order  
payable to Mahoning County Probate Court

Return Address:

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Person making request:

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Phone Number: \_\_\_\_\_