

**MARRIAGE LICENSES ARE BEING COMPLETED FOR POTTER COUNTY**  
**RESIDENTS ONLY**

**TO OBTAIN A MARRIAGE LICENSE:**

Effective Monday, June 1, 2020 forward, please download and complete the marriage record application at **pottercountypa.net** (go to Departments, then Prothonotary/Clerk of Courts).

The bride and groom must complete the entire application (**PLEASE NOTE:** The date of your most recent divorce or date of death of your former spouse IS REQUIRED). Once completed, mail the application to: Prothonotary/Clerk of Courts, 1 East Second Street, Room 23, Coudersport, PA 16915, along with a copy of the bride and groom's legible photo identification.

Once received, you will be contacted (please provide a telephone number where you can be reached on marriage record application) and given a date/time to come in to receive your oaths and the original marriage license (the bride and groom must both appear in person and pay \$50.00 cash).

**\*\*PLEASE NOTE\*\*** There is a 3-day waiting period so if you include the date you wish to be married, we can assure the dates line up appropriately. Please understand this process is being implemented to protect all those involved. Thank you for your patience during these difficult times.

**Kathy S. Schroeder, Potter County, PA Prothonotary/Clerk of Courts**

# MARRIAGE RECORD

|   |  |   |           |   |  |  |  |  |
|---|--|---|-----------|---|--|--|--|--|
| 1. COUNTY ISSUING LICENSE   |  | 2a. WHERE MARRIED-CITY, BORO, TOWNSHIP                      |           | 2b. COUNTY  |  | 3. DATE OF MARRIAGE<br>(Month, Day, Year)  |  |  |
| 4a. NAME OF PERSON PERFORMING CEREMONY  |  |   | 4b. TITLE |   |  | 4c. ADDRESS OF PERSON PERFORMING CEREMONY<br>(Street, City or Town, State, Zip Code) |  |  |
| GROOM   |  |   |           | BRIDE   |  |  |  |  |
| 5. Full Name  |  |   |           | 14. Full Name   |  |  |  |  |
| 6. Mailing Address  |  |   |           | 15. Mailing Address   |  |  |  |  |
| SSN   |  |   |           | SSN   |  |  |  |  |
| 7. Residence:   |  |   |           | 16. Residence:  |  |  |  |  |
| a. State  |  | b. County   |           | a. State  |  | b. County  |  |  |
| c. Location   |  |   |           | c. Location   |  |  |  |  |
| (1) City of   |  |   |           | (1) City of   |  |  |  |  |
| (2) Borough of  |  |   |           | (2) Borough of  |  |  |  |  |
| (3) Township of   |  |   |           | (3) Township of   |  |  |  |  |
| 8. Occupation   |  |   |           | 17. Occupation  |  |  |  |  |
| 9. Date of Birth  |  | Age   |           | 10. Birthplace  |  | 18. Date of Birth  |  |  |
|   |  |   |           |   |  | Age  |  |  |
|   |  |   |           |   |  | 19. Birthplace   |  |  |
| 11a. Number of Prior Marriages  |  | 11b. How and When Dissolved                                 |           | 20a. Number of Prior Marriages  |  | 20b. How and When Dissolved  |  |  |
| 12. Cause(s) if Divorced  |  |   |           | 21. Cause(s) if Divorced  |  |  |  |  |
| 13. Education (0-12)  |  | College (1-4 or 5+)   |           | 22. Education (0-12)  |  | College (1-4 or 5+)  |  |  |
| Date License Issued (Month, Day, Year)  |  | Date Report Sent (Month, Day, Year)<br>To Vital Statistics: |           | Signature of Clerk  |  |  |  |  |
| Given and Surname of Father   |  |   |           | Given and Surname of Father   |  |  |  |  |
| Given and Surname of Mother   |  |   |           | Given and Surname of Mother   |  |  |  |  |
| Maiden Name of Mother   |  |   |           | Maiden Name of Mother   |  |  |  |  |
| Residence of Father   |  |   |           | Residence of Father   |  |  |  |  |
| Residence of Mother   |  |   |           | Residence of Mother   |  |  |  |  |
| Occupation of Father  |  |   |           | Occupation of Father  |  |  |  |  |
| Occupation of Mother  |  |   |           | Occupation of Mother  |  |  |  |  |
| Birthplace of Father  |  |   |           | Birthplace of Father  |  |  |  |  |
| Birthplace of Mother  |  |   |           | Birthplace of Mother  |  |  |  |  |
| Is applicant afflicted with any transmissible disease?                            |  |   |           | Is applicant afflicted with any transmissible disease?                            |  |  |  |  |
| Telephone No.   |  |   |           | Telephone No.   |  |  |  |  |
| Is applicant now under the influence of any intoxicating liquor or narcotic drug? |  |   |           | Is applicant now under the influence of any intoxicating liquor or narcotic drug? |  |  |  |  |
| Relationship of parties making this application, if any.                          |  |   |           |   |  |  |  |  |

The Commonwealth of Pennsylvania is requiring and we must ask:  
Are the Bride and Groom registered to vote?

YES or NO

We, the undersigned, in accordance with the statements hereinabove contained, the facts set forth wherein we and each of us do solemnly swear are true and correct to the best of our knowledge, information, and belief, do hereby make application to the Clerk of the Orphans' Court of the above County, for a license to marry.

Signature of Applicant

Signature of Applicant

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

Filed \_\_\_\_\_

(Clerk of Orphans' Court)

(SEAL)

License Issued \_\_\_\_\_

My Commission Expires \_\_\_\_\_

No. \_\_\_\_\_