

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 LICENSE APPLICATION

1. COUNTY ISSUING LICENSE		2a. WHERE MARRIED - City, Borough, Township		2b. COUNTY		3. DATE OF MARRIAGE	
4a. NAME OF PERSON PERFORMING CEREMONY			4b. TITLE		4c. ADDRESS OF PERSON PERFORMING CEREMONY		
APPLICANT "A"				APPLICANT "B"			
5a. NAME (First, Middle, Last)			5b. MAIDEN SURNAME	5c. NAME (First, Middle, Last)			5d. MAIDEN SURNAME
6a. RESIDENCE - City, Boro, Township		6b. COUNTY	6c. STATE	6d. RESIDENCE - City, Boro, Township		6e. COUNTY	6f. STATE
7a. BIRTHPLACE <small>(State or Foreign Country)</small>		7b. DATE OF BIRTH <small>(Month, Day, Year)</small>	7c. SEX <small>(M/F/X)</small>	7d. AGE <small>(Last Birthday)</small>	7e. BIRTHPLACE <small>(State or Foreign Country)</small>		7f. DATE OF BIRTH <small>(Month, Day, Year)</small>
7g. SEX <small>(M/F/X)</small>	7h. AGE <small>(Last Birthday)</small>						
8a. NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED 8b. By Death, Divorce, Annulment		8c. DATE	8d. NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED 8e. By Death, Divorce, Annulment		8f. DATE
9a. TRANSMISSIBLE DISEASE?	<input type="checkbox"/> NO <input type="checkbox"/> YES	9b. EDUCATION - Highest grade completed Elementary/Secondary (0-12) College (1-4 or 5+)		9c. TRANSMISSIBLE DISEASE?	<input type="checkbox"/> NO <input type="checkbox"/> YES	9d. EDUCATION - Highest grade completed Elementary/Secondary (0-12) College (1-4 or 5+)	
10a. USUAL OCCUPATION				10b. USUAL OCCUPATION			
PARENT A: 11a. NAME (First, Middle, Last)			11b. LABEL	PARENT A: 11c. NAME (First, Middle, Last)			11d. LABEL
12a. MAIDEN SURNAME	12b. BIRTHPLACE			12c. MAIDEN SURNAME	12d. BIRTHPLACE		
13a. RESIDENCE				13b. RESIDENCE			
14a. USUAL OCCUPATION				14b. USUAL OCCUPATION			
PARENT B: 15a. NAME (First, Middle, Last)			15b. LABEL	PARENT B: 15c. NAME (First, Middle, Last)			15d. LABEL
16a. MAIDEN SURNAME	16b. BIRTHPLACE			16c. MAIDEN SURNAME	16d. BIRTHPLACE		
17a. RESIDENCE				17b. RESIDENCE			
18a. USUAL OCCUPATION				18b. USUAL OCCUPATION			
19a. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND, OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND?				19b. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND, OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND?			
20a. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?				20b. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?			
21a. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY?				21b. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY?			
SSN:				SSN:			
Telephone #:				Telephone #:			
Are you registered to vote?				Are you registered to vote?			
WE, THE UNDERSIGNED, IN ACCORDANCE WITH THE STATEMENTS HEREINAFTER CONTAINED, THE FACTS AS SET FORTH WHEREIN WE AND EACH OF US DO SOLEMNLY SWEAR ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, DO MAKE APPLICATION TO THE CLERK OF ORPHANS' COURT TO MARRY.							
SIGNATURE OF APPLICANT "A"				SIGNATURE OF APPLICANT "B"			
22a. DATE LICENSE ISSUED <small>(Month, Day, Year)</small>	22b. DATE APPLICATION FILED <small>(Month, Day, Year)</small>	22c. OFFICIAL NAME AND TITLE					
LICENSE NUMBER ISSUED				SIGNATURE OF OFFICIAL			