

REQUEST FOR CERTIFIED COPY

Lehigh County Orphans' Court Division
(Not for use to request certified marriage records)

1. Name of Requestor: _____, Counsel for
_____, Petitioner, Respondent, Objector; Interested Party.
(circle one).

Phone : _____ Email* : _____
*Required

2. In re: Estate of/Trust of/Adoption of _____
A Minor/ Deceased/ Principal/ An Alleged
Incapacitated Person/ An Incapacitated Person

3. File Number: _____

4. Title of document to be certified: _____

5. Date of the time-stamp appearing on the document: _____

6. Requested Number of certified copies:
1 2 3 4 OTHER: _____

7. Payment: \$10.00/certified copy.

8. Delivery method:

USPS mailed by Clerk of Orphans' Court.

Pick-up¹ at Orphans' Court Office M-F 8:00 a.m.- 4:30 PM.

Date: _____

Signature of Requesting Party

¹ Allow 1-2 business days from receipt of e-mail notification of accepted filing.

**This completed Order Form shall be E-filed with Orphans' Court via
Odyssey File & Serve using "Request for Certified Copy" filing code.**