## **Request for Additional Short Certificate(s)**

Requester Name:		
Mailing Address:		
Telephone:		
Estate Inf	ormation	
Decedent's Name:		
Estate Number (Required):	Date of Death:	
	nformation ler, or Credit or Debit Card* Only	
Number of Short Certificates:	Amount Enclosed:	
Payment Type Enclosed:Check/Money (	OrderCredit Card	Debit Card
If using a credit card, please provide the follow	ing:	
Name on Card:		
Credit Card Holder's Address:		
Credit Card #:	Security Code:	
Expiration Date:		
Signature Authorizing Payment:		
E-mail Address of Card Holder:		

Please mail request and payment to: Register of Wills Dauphin County Courthouse 101 Market Street, Room 103 Harrisburg, PA 17101

\*Dauphin County Register of Wills and Clerk of the Orphans' Court uses a third-party processor named MSB Government Services to process payments for transactions. MSB charges processor fees that are authorized by law. Processor Fees

Credit 2.19% (\$1.00 minimum) Debit 1.79% (\$1.00 minimum)