

Application for Certified Copy of a Kentucky Divorce Certificate

Please fax completed form to 866-283-7477.

Certificate Information				
Husband's Name:				
	(First)	(Middle)		(Last)
Wife's Name:				
	(First)	(Middle)		(Last)
*Date of Divorce: / / / *County/City of Divorce:				
Reason for Request:		*Number of Cop *Limit 5 copies per of	Dies:	(First copy - \$6) (Addt'l copies - \$6)
Applicant / Shipping Information				
	Applicant / Shipp	ing information		
Your Relationship to Certificate Holder: Self	Spouse Othe	r (Specify):		
Ship To Name:				
	(First)	(Middle)		(Last)
Shipping Address:				
City:		State:	Zi	p:
Daytime Phone: Email Address:				
*UPS Next Day Air (\$17.50) Regular Mail (\$0.00) Delivered in approximately 3-5 business days Delivered in approximately 7-10 business days				
Billing Information				
[ก			
Order Fees	*Card Number:		Ex	xp. Date: /
<i>First Copy</i> \$ <u>6.00</u>	^ Type of credit cards accept	oted: Visa / MasterCard / America	an Express / Discov	er
Addt'l Copies (\$6 ea.) \$ *Limit 5 copies per order	Name on Credit Card	l:		
VitalChek Processing Fee \$ 10.50				
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Order Total \$	City:		State:	Zip:
Cardholder's Signature:			Date:	
Applicant's Signature:			Date:	