

COSHOCTON COUNTY PROBATE AND JUVENILE COURT

VAN BLANCHARD II, JUDGE

426 MAIN STREET, COSHOCTON, OHIO 43812

## RECORDS REQUEST

Date of Request \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Amount Due: \_\_\_\_\_

**CERTIFIED MARRIAGE RECORD: \$2.00 fee per certified copy request \$2.50 if mailing**

Applicant 1's Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Applicant 2's Name: \_\_\_\_\_ Former Last Name: \_\_\_\_\_

Telephone Number to be reached at: \_\_\_\_\_ No. of copies requesting: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

**ALL OTHER REQUEST: \$0.25 fee per page + \$1.00 to certify**

Case Type: \_\_\_\_\_ Case No. \_\_\_\_\_

Requested Documents: \_\_\_\_\_

Applicant's Telephone Number to be reached at: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

**REQUEST TO PREPARE TRANSCRIPT/DIGITAL COPY OF HEARING:**

Request for  Written transcript  Digital copy of hearing held on (Date:) \_\_\_\_\_

at \_\_\_\_\_ o'clock \_\_\_\_\_ . M. before the  Judge  Magistrate on the Application /Motion for

\_\_\_\_\_

Name & Telephone Number to be reached at: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

**IF DOCUMENTS ARE BEING PICKED UP:**

Approximate date and time: \_\_\_\_\_

**IF MAILING:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_