

5 East Pine Street
P.O. Box 743
Georgetown, DE 19947



Phone: (302) 855-7875
Fax: (302) 853-5871
sussexcountyde.gov

Register of Wills

COPY OF WILL REQUEST FORM

Please contact the office to make sure that the Will you are requesting is on file, and the number of pages.

Dear Clerk,

This is a request for a Will on file with your office. I have enclosed a check to cover the fee of **\$1.00 per page** and a self-addressed, stamped envelope (or a \$1.00 postage and handling fee) to have the document mailed to me.

Requester's Name

Street Address

City, State, ZIP

Phone

Estate Of

Street Address

City, State, ZIP

Date of Death

Signature

Please make all checks payable to Sussex County Register of Wills.