



Register of Wills

REQUEST FOR DOCUMENTS FORM

Requestor details:

1. Name of Estate: _____
2. Folio Number: _____
3. Name of Requestor: _____
4. Address of Requestor: _____
5. Phone Number: _____

Purpose of document(s) requested:

Requested document(s):

Please indicate which of the documents below that you require. *Only the Personal Representative or the estate's Attorney may request Short Certificates and Exemplified/Certified Copies.* Please write the number of copies requested in the space next to the document.

- Short Certificate _____ Copy of Will _____ Other _____
- Certified Copies _____ Exemplified Copies _____

Payment method:

- Check Money Order File & Serve (attorneys only)

Please mail my certificates to the above address (postage will apply):

Please store my certificates in your office so that I may pick them up:

Date

Signature