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| **THE PROBATE OFFICE ORDER FORM** |

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| --- | --- |
| Name of Deceased |  |
| Address of Deceased |  |
| Date of Death |  |
| Record Number |  |
| Date of Issue |  |

|  |  |
| --- | --- |
| Your Name |  |
| Your Address |  |
| Your E-mail |  |
| Your Phone Number |  |

|  |  |  |
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| **Document Required** | **Number of Copies** | **Fee (€) per copy** |
| Official Copy Grant |  | 15.00 |
| Official Copy Will |  | 15.00 |
| Sealed & Certified copy Grant |  | 20.00 |
| Sealed & Certified copy Will |  | 20.00 |
| Sealed & Certified copy Will & Grant |  | 40.00 |
| Other document (please specify) |  |  |
| **Total Fee** |  |  |