Will/Probate Record Request Form



Date:	
Your Contact Info	ormation
Name:	
Address:	
City:	
State/Province:	
Zip/Postal Code:	
Daytime Phone Number:	
Email Address:	
Will/Probate Rec	ord Requested
Full Name of Person to be Searched:	
County of Residence:	
Race:	
Date:	
Book Number, if known	
Page Number, if known	
Submit only one	form & one payment at a time.
☐ I have enclos	ed the required fee to process this request.
Select Fee Type	

Kentucky Dept. for Libraries and Archives P.O. Box 537, 300 Coffee Tree Road Frankfort, KY 40602

> Phone: 502.564.8300 Fax: 502.564.5773 http://kdla.ky.gov