

APPLICATION FOR PUBLIC MARRIAGE RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a public marriage record.

- ◆ One of the registrants or a parent or legal guardian of one of the registrants
- ◆ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ◆ A child, grandparent, grandchild, sibling, spouse or domestic partner of one of the registrants
- ◆ An attorney representing one of the registrants or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate

If applying in person the application must be signed in the presence of the cashier.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

| | | | | |
|--|--------------------------------------|----------------|---------------|-------------------------------|
| | NUMBER OF COPIES NUMERO DE COPIAS | | | FOR RECORDER USE ONLY |
| Month/Mes Day/Día Year/Año | | | | _____ |
| Date of Marriage – Fecha De Matrimonio | | | | |
| Name of Groom – Nombre del Novio | 1st Person/Nombre de Primera Persona | Middle/Segundo | Last/Apellido | File Number Searched _____ |
| Maiden Name of Bride – Nombre de soltera de la Novia | 2nd Person/Nombre de Segunda Persona | Middle/Segundo | Last/Apellido | Doubled _____ |
| License issued in – Licencia obtenida en | | County | Condado | |
| RELATIONSHIP TO REGISTRANT(S) (SEE ABOVE) – PARENTESCO CON LAS PERSONA(S) REGISTRADA (VEÁSE ARRIBA) | | | | |
| I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date _____ Signature _____ | | | | |

**Veterans-See reverse side
of first copy
Veteranos-Vean el dorso
de la segunda copia**

DL/ID_____

Complete your name and address below.
Escriba abajo su nombre y direccion.

| | | |
|-------------------------------|--------------|-----------------|
| NAME/NOMBRE | | |
| STREET ADDRESS/NUMERO Y CALLE | | |
| CITY /CIUDAD | STATE/ESTADO | ZIP/ZONA POSTAL |

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

----- in a claim for -----
FEDERAL OR STATE AGENCY TYPE OF BENEFIT

DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT

NUMBER-STREET

CITY STATE ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.