

APPLICATION FOR CONFIDENTIAL MARRIAGE RECORD

Pursuant to Family Code Section 509, ONLY the parties to the marriage are entitled to an AUTHORIZED Certified Copy of a confidential marriage record.

If applying in person the application must be signed in the presence of the cashier and valid identification must be provided.

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY.

WE CAN ONLY PROVIDE COPIES FOR CERTIFICATES PURCHASED IN LOS ANGELES COUNTY.

<i>Please PRINT all information legibly. Por favor imprima legible toda la informacion.</i>	NUMBER OF COPIES NUMERO DE COPIAS		FOR RECORDER USE ONLY _____	
Month/Mes Day/Dia 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 _____ Doubled _____
Maiden Name of Bride – Nombre de soltera de la Novia	2nd Person/Nombre de Segunda Persona	Middle/Segundo	Last/Apellido	
License issued in – Licencia obtenida en		County/Condado		
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that I am a party to the foregoing marriage.				Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia
Date _____ Signature_____				

DL/ID_____ Phone Number _____

Complete your name and mailing address below. Print legibly.
Escriba abajo su nombre y direccion. Imprima legible.

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). If qualified, we will mail the certificate to the Veteran Benefit Agency.

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.



Los Angeles County Registrar-Recorder/County Clerk

DEAN C. LOGAN
Registrar-Recorder/County Clerk

CERTIFICATE OF IDENTITY/SWORN STATEMENT FOR CONFIDENTIAL MARRIAGE

In accordance with California State Law, the following identifying information is required to obtain a certified copy of License and Certificate of Confidential Marriage:

This certificate must be signed in the presence of a Notary.

County of Marriage	Date of Marriage
Name of 1 st Person	Name of 2 nd Person

I, _____, declare under penalty of perjury under the laws of
(Print Name)

the State of California, that I am an authorized person, as defined in Family Code Section 509, and am eligible to receive a certified copy of the confidential marriage record listed above.

Subscribed to the _____ day of _____, 20____, at _____, _____.
(Day) (Month) (Year) (City) (State)

(Signature)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
County of _____) ss

On _____, before me _____ personally appeared
(Date) (Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. (NOTARY SEAL)

NOTARY SIGNATURE