

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.

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

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.

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

CERTIFICATE TYPE: I am requesting an AUTHORIZED copy
 I am requesting an INFORMATIONAL copy

<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		
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 _____ 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



Los Angeles County Registrar-Recorder/County Clerk

DEAN C. LOGAN
Registrar-Recorder/County Clerk

CERTIFICATE OF IDENTITY/SWORN STATEMENT
FOR BIRTH, DEATH & PUBLIC MARRIAGE

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth, Death or Public Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or public marriage record: Individual named on certificate, Parent, Child, Legal guardian/custodian, Grandparent, Grandchild, Sibling, Spouse/Domestic partner, Attorney for individual/estate of individual or Representative of an adoption agency (birth only), Funeral director or agent/employee (death only).

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

Name(s) on Certificate	Relationship

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

California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the birth, death or public marriage record for the individual(s) 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)
) ss
County of _____)

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