

**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 FOR AUTHORIZED COPIES MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY**

	NUMBER OF COPIES NUMERO DE COPIAS			<b>FOR RECORDER USE ONLY</b>  _____
Month/Mes    Day/Día    Year/Año				
<b>Date of Marriage – Fecha De Matrimonio</b>				File Number Searched _____  Doubled _____
Name of Groom – Nombre del Novio	1st Person/Nombre de Primera Persona	Middle/Segundo	Last/Apellido	
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 \_\_\_\_\_

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.

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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.



COUNTY OF LOS ANGELES  
**REGISTRAR-RECORDER/COUNTY CLERK**  
 P.O. BOX 489, NORWALK, CALIFORNIA 90651-0489 - www.lavote.net

"Enriching Lives"

**DEAN C. LOGAN**  
 Registrar-Recorder/County Clerk

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

In accordance with California State Law, the following identifying information is required to obtain a certified copy of 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, grandparents, 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 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 or death record for the individual(s) listed above.  
 (Print Name)

Subscribed to the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
 (Day) (Month) (City) (State)

\_\_\_\_\_  
 (Signature)

**CERTIFICATE OF ACKNOWLEDGEMENT**

STATE OF CALIFORNIA            )  
   ) ss  
 County of                            )

On \_\_\_\_\_, before me \_\_\_\_\_ personally appeared  
 (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