

## 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, 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.**

<b>MARRIAGE RECORD INFORMATION</b> (Informacion del Registro de Matrimonio) <i>PRINT all information legibly. Imprima legible toda la informacion.</i>			NUMBER OF COPIES NUMERO DE COPIAS		<b>FOR RECORDER USE ONLY</b>  _____  File Number Searched _____  Doubled _____
Date of Marriage/ Fecha de Matrimonio:	<u>Month/Mes</u>	<u>Day/Dia</u>	<u>Year/Año</u>		
Name of Party A - Nombre del Persona A: (Name at Birth - Nombre al Nacer)	1st Person/Nombre de Primera Persona	Middle/Segundo	Last/Apellido		
Name of Party B - Nombre del Persona B: (Name at Birth - Nombre al Nacer)	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.*

APPLICANT NAME/NOMBRE DEL SOLICITANTE		
STREET ADDRESS/NUMERO Y CALLE		
CITY/CIUDAD	STATE/ESTADO	ZIP/ZONA POSTAL



