

APPLICATION FOR COPY OF MARRIAGE RECORD**Fees \$19.00 Each****TYPE OF LICENSE:**

(Check one below)

☐ **REGULAR MARRIAGE LICENSE**

Authorized parties eligible to receive a certified copy a regular marriage license must be one authorized parties. (Health & Safety Code §103526)

(Those not authorized by law to receive a certified copy of a public marriage record will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.")

☐ **CONFIDENTIAL MARRIAGE LICENSE**

The following two options are the ONLY parties authorized to receive a confidential marriage license: (1) One of the parties to the marriage, or (2) a party entitled to receive the record as a result of a court order. (A certified copy of the court order is required with this request.)

(Those not authorized by law to receive a certified copy of a confidential marriage record will receive a letter confirming the existence of the confidential marriage pursuant to Family Code §511(c).)

TO RECEIVE AN AUTHORIZED CERTIFIED COPY I AM:

(Check one below)

☐ The registrant. (One of the parties to the marriage.)☐ A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.☐ A party entitled to receive the record as a result of a court order. (Include a certified copy of the court order with this request.)☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.☐ An attorney representing the registrant 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 by power of attorney, include a copy of the power of attorney with this request.)**MARRIAGE CERTIFICATE INFORMATION:**

(Print or Type)

First Name	Middle Name	Last Name as listed on marriage certificate
First Name	Middle Name	Last Name as listed on marriage certificate
Date of Marriage (Month/Day/Year)	MARRIAGE LICENSE ISSUED IN SAN LUIS OBISPO? (If no is checked, see note below) <input type="checkbox"/> YES OR <input type="checkbox"/> NO NOTE: If no is checked, we will not have the marriage certificate. Please contact the County in which the marriage license was issued.	

REQUESTOR'S INFORMATION:

Requestor's Name:		Relationship to Persons Listed on Certificate:
Requestor's Drivers License:	Number of Copies Requested:	Contact Number if Mailed, Faxed or Emailed:
Requestor's Address:		
Address: _____		
City, State, Zip: _____		

COMPLETE INFORMATION BELOW***If sending request by mail, include a self-addressed stamped envelope**

<input type="checkbox"/> Same as above
Name: _____
Address: _____
City, State, Zip: _____

MAIL BY:☐ Regular U.S. Mail ☐ Overnight Service. Additional fees apply. Please call for overnight service fees.

REQUESTOR'S SWORN STATEMENT:

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 I am eligible to receive a certified copy of the marriage record identified on this application form.

Subscribed this _____ day of _____, _____ at _____, _____.
Day Month Year City State

Requestor's Signature: _____

AUTHORIZED CERTIFIED REQUESTS SUBMITTED BY MAIL, EMAIL AND FAX, MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

CERTIFICATE OF ACKNOWLEDGEMENT

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.

State of _____)

County of _____)

On _____, before me, _____, personally appeared
(Insert Name and Title of Officer)

_____ 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/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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/Officer Signature

SUBMIT REQUEST TO:

• **By Mail:** County Clerk-Recorder
1055 Monterey Street #D120
San Luis Obispo, CA 93408

• **By Email:** vitals@co.slo.ca.us

• **By Fax:** (805) 781-1111

• **Make Payable To:** County Clerk-Recorder

• **Phone:** (805) 781-5080

• **Website:** www.slocounty.ca.gov/clerk

• If no record of the marriage is found, the fee will be retained for searching the record and a letter of no record will be issued to the requestor. (Health & Safety Code Section 103650)