



**Marin County Clerk**  
**3501 Civic Center Drive, Room 234**  
**San Rafael CA 94903**  
**(415) 473-6772**

**REQUEST FOR CERTIFIED COPY OF CONFIDENTIAL MARRIAGE RECORD - \$19**

Number of copies requested: \_\_\_\_\_

The fee for vital records must be paid in advance by the applicant. If no record is found, the fee will be retained for searching as required by California statute, and a Certificate of No Record Found will be issued. [H&S 103650]

***The license is registered in the county where it was purchased regardless of where the ceremony took place.***

**MARRIAGE LICENSE INFORMATION**

<b>DATE OF MARRIAGE:</b>		<b>COUNTY WHERE LICENSE WAS PURCHASED:</b>	
<b>NAMES OF BOTH PARTIES TO THE MARRIAGE (PLEASE TYPE OR PRINT LEGIBLY):</b>			
Last Name at Time of Marriage/Maiden Name	First Name	Middle Name	
Last Name at Time of Marriage/Maiden Name	First Name	Middle Name	

**REQUESTOR INFORMATION**

<b>REQUESTOR'S FULL NAME</b>	<b>E-MAIL ADDRESS</b>	<b>TELEPHONE NUMBER</b>	
Address – Number, Street	City	State	Zip Code
Mailing Address for Copies, if Different from Above	City	State	Zip Code

The California Health & Safety Code, §103526, permits only authorized persons as defined below to receive certified copies of confidential marriage records. Those who are not authorized by law to receive a certified copy will receive a letter confirming the existence of a confidential marriage pursuant to Family Code Section 511(c).

- I am:
- One of the parties to the confidential marriage [H&S 103526(c)(1)]
  - A party entitled to receive the record as a result of a court order pursuant to Family Code Section 511(a). A certified copy of the court order must accompany this request.

<b>For Official Use Only</b>				
License Number yyyy/nnn (i.e. 2010-001)	Date Issued:	Processed By:	Amount Paid::	Banknote Number(s):

**STOP!** If you are making your request in person, please wait to sign the sworn statement in the presence of a clerk.

**IMPORTANT NOTE:** If you are submitting your request by mail, email, or FAX, you must sign the sworn statement in the presence of a notary public and the notary public must also fill out the Certificate of Acknowledgment below.

### SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the  
(Print Full Name)

State of California, that I am an authorized person as defined in California Health & Safety Code 103526(c)(1), and am eligible to receive a certified copy of the marriage certificate of the following individual(s):

Names of Parties Listed on Certificate (Registrants):	Your relationship to the Person Listed on the Certificate:
Party 1:	
Party 2:	

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year) (City) (State)

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

### CERTIFICATE OF ACKNOWLEDGMENT

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, \_\_\_\_\_,  
(here insert name and title of the officer)

personally appeared \_\_\_\_\_,  
(name of individual appearing)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are 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 SIGNATURE)

(SEAL)

PLEASE MAKE CHECK OR MONEY ORDER (DRAWN ON U.S. BANK) PAYABLE TO "MARIN COUNTY CLERK" AND MAIL TO:

**Marin County Clerk  
Attn: Marriage License  
P.O. Box C  
San Rafael, CA 94913**