

SANTA CRUZ COUNTY RECORDER
APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD
PLEASE REVIEW THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING
FEE: \$15.00 per copy

1	CERTIFICATE INFORMATION																
<u>First Person:</u>																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">First Name</td> <td style="width: 25%; border-bottom: 1px solid black;">Middle Name</td> <td style="width: 25%; border-bottom: 1px solid black;">Current last name</td> <td style="width: 25%; border-bottom: 1px solid black;">Birth Last Name</td> </tr> <tr> <td colspan="2">Date of Birth: _____/_____/_____</td> <td colspan="2">Place of Birth: _____</td> </tr> </table>		First Name	Middle Name	Current last name	Birth Last Name	Date of Birth: _____/_____/_____		Place of Birth: _____									
First Name	Middle Name	Current last name	Birth Last Name														
Date of Birth: _____/_____/_____		Place of Birth: _____															
<u>Second Person:</u>																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">First Name</td> <td style="width: 25%; border-bottom: 1px solid black;">Middle Name</td> <td style="width: 25%; border-bottom: 1px solid black;">Current Last Name</td> <td style="width: 25%; border-bottom: 1px solid black;">Birth Last name</td> </tr> <tr> <td colspan="2">Date of Birth: _____/_____/_____</td> <td colspan="2">Place of Birth: _____</td> </tr> <tr> <td colspan="2">Date of Marriage or approximate years: _____/_____/_____</td> <td colspan="2">County That Issued License: _____</td> </tr> <tr> <td colspan="4">Number of Copies: _____</td> </tr> </table>		First Name	Middle Name	Current Last Name	Birth Last name	Date of Birth: _____/_____/_____		Place of Birth: _____		Date of Marriage or approximate years: _____/_____/_____		County That Issued License: _____		Number of Copies: _____			
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Number of Copies: _____																	

2	<input type="checkbox"/> I am Requesting an AUTHORIZED copy	<input type="checkbox"/> I am requesting an INFORMATIONAL copy <small>(If you are requesting an Informational copy, skip to section 4)</small>
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3	<p>To obtain an Authorized Certified Copy you must check the appropriate box below: I am:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The person listed on the marriage record or a parent or legal guardian of the person (Legal guardians should Provide documentation) <input type="checkbox"/> A party entitled to receive the record as a result of a court order (please include a copy of the court order) <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business (Companies representing a government agency must provide authorization from the government agency) <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on marriage record <input type="checkbox"/> An attorney representing the person or the person's estate whose name is listed on the marriage record or any person or agency appointed by the court to act on behalf of the person or the person's estate whose name is listed on the marriage record. (If you are requesting a Certified Copy under a power of attorney, please include a court certified copy of the power of attorney with this application form.)
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4	Purchased by: _____ Print Full Name _____ Mailing Address City: _____ State: _____ Zip _____ Phone # () _____	BELOW SECTION FOR OFFICE USE ONLY										
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width: 50%; border-bottom: 1px solid black;">Year/ Cert. #</td> </tr> <tr> <td style="width: 80%; border-bottom: 1px solid black;">DL/ID #</td> <td style="width: 20%; border-bottom: 1px solid black;">Expiration Date: ____/____/____</td> </tr> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> <input type="checkbox"/> Cash </td> <td style="width: 33%; border-bottom: 1px solid black;"> <input type="checkbox"/> Check </td> <td style="width: 34%; border-bottom: 1px solid black;">TOTAL \$:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Banknote #</td> <td style="border-bottom: 1px solid black;">DEPUTY CLERK:</td> </tr> </table>	Receipt #	Year/ Cert. #	DL/ID #	Expiration Date: ____/____/____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	TOTAL \$:	Banknote #		DEPUTY CLERK:
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<input type="checkbox"/> Cash	<input type="checkbox"/> Check	TOTAL \$:										
Banknote #		DEPUTY CLERK:										

5	<p>I, _____ swear or affirm under penalty of perjury that I am an authorized person, as Name defined in California Health and Safety Code Section 103526 (c), eligible to receive a certified copy of the marriage record identified on this application form.</p> <p>Sworn: _____ at _____ (Date) (City, State)</p> <p>Signature: _____ (Applicant Signature) (If ordering in person you must sign this in front of the clerk)</p>
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**INSTRUCTIONS TO COMPLETE APPLICATION FOR A
CERTIFIED COPY OF MARRIAGE RECORD**

If no record of the marriage is found pursuant to a Health and Safety Code 103650, the \$ 15.00 fee will be retained for searching and a certificate of no record will be issued

1	<p>Marriage Certificate Information: Give all the information you have available for the identification of the record. Santa Cruz County only has marriage records of licenses purchased in Santa Cruz County, with the exception of Court Order Delayed Marriage Registrations. For all other marriage records you must contact the county where the license was purchased or contact the Department of Health Services, Office of Vital Records –M.S. 5103, P.O. Box 997410, Sacramento CA 95899-7410. Phone number: (916) 445-2684</p>
2	<p>Section 103526 of the California Health and Safety Code restricts who is allowed to obtain an authorized certified copy of a marriage record. You must be one of the authorized persons described in the five sentences in section 3 on the front of this application. Those who are not authorized will receive an INFORMATIONAL CERTIFIED COPY with the words “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY” imprinted across the face of the copy.</p>
3	<p>If you are requesting an authorized certified copy of a marriage record, please check the box that allows you to obtain the authorized copy</p>
4	<p>Print or type name of person ordering copy. Print or type the physical or mailing address of person ordering copy</p>
5	<p>A governmental issued picture I.D. is required if ordering in person. <u>Please have it ready.</u> Section 103526 of the California Health and Safety Code Requires anyone requesting an authorized certified copy of a marriage record to complete and sign the sworn statement on the front of this application. Please print your name in the space provided, complete the space for the date and location for when and where you sign this statement.</p>

Send application, check, money order or cashier’s check payable to:

**Santa Cruz County Recorder
701 Ocean Street Room 230
Santa Cruz CA. 95060**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document which this certificate is attached and not the truthfulness, accuracy, or validity of that document

ACKNOWLEDGEMENT

State of _____ County of _____

On _____ before me, _____ personally appeared
(Date) (Print Name and Title of Official)

(Insert name of person being acknowledged)

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 acknowledgment 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 certified 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.

Signature _____
(Officer Signature)

(Seal)