

**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

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**

**WE CAN ONLY PROVIDE COPIES FOR LICENSES PURCHASED IN LOS ANGELES COUNTY**

	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>				
Name of Groom – Nombre del Novio	1st Person/Nombre de Primera Persona	Middle/Segundo	Last/Apellido	File Number Searched _____
Maiden Name of Bride – Nombre de soltera de la Novia	2nd Person/Nombre de Segunda Persona	Middle/Segundo	Last/Apellido	Doubled _____
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.  
*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

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DATE

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SIGNATURE OF VETERAN OR AUTHORIZED AGENT

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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.

