

**Marriage License Application**

City Ceremony Will Take Place: \_\_\_\_\_  
Date of Ceremony: \_\_\_\_\_

License Type applying for:

- Public - \$90.00 (Record will become public record once recorded)
- Confidential - \$85.00 (Record will be closed, and not opened to public once recorded- must be living together)
- Other - \$90.00 - For Denomination without Clergy (Buddhist, Muslim, Bahai, etc.)

Optional: 1 <sup>st</sup> PERSON PERSONAL DATA <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> None	Optional: 2 <sup>ND</sup> PERSON PERSONAL DATA <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> None
1 <sup>st</sup> Person's ID or DL# <span style="float: right;">Exp:</span>	2 <sup>nd</sup> Person's ID or DL# <span style="float: right;">Exp:</span>
First Name:	First Name:
Middle Name:	Middle Name:
Current Last Name:	Current Last Name:
Last Name At Birth (If Different):	Last Name at Birth (If Different):
Date of Birth: <span style="float: right;">State of Birth:</span>	Date of Birth: <span style="float: right;">State of Birth:</span>
Number of Previous Marriages/SRDP:	Number of Previous Marriages/SRDP:
Last Marriage/SRDP Ended By (1): <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Last Marriage/SRDP Ended By (1): <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment
Date Last Marriage/SRDP Ended Month/Day/Year:	Date Last Marriage/SRDP Ended Month/Day/Year:
Father's Full Name:	Father's Full Name:
Father's State of Birth:	Father's State of Birth:
Mother's Full Maiden Name:	Mother's Full Maiden Name:
Mother's State of Birth:	Mother's State of Birth:
1 <sup>st</sup> Person's Address:	2 <sup>nd</sup> Person's Address:
City: <span style="float: right;">Zip:</span>	City: <span style="float: right;">Zip:</span>
County:	County:
Mailing Address:	Mailing Address:
City: <span style="float: right;">Zip:</span>	City: <span style="float: right;">Zip:</span>
County:	County:
Email Address:	Daytime Phone Number:
New Middle Name (optional):	New Middle Name (optional):
New Last Name (optional):	New Last Name (optional):

We the undersigned declare that all the information above is true and correct to the best of our knowledge. We also declare that we have read and understood the information on the reverse side of this form.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Please read reverse side

**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>  _____
Date of Marriage/ Fecha de Matrimonio:	Month/Mes	Day/Dia	Year/Año		
Name of Party A - Nombre del Persona A: (Name at Birth - Nombre al Nacer)	1st Person/Nombre de Primera Persona	Middle/Segundo	Last/Apellido		File Number Searched _____
Name of Party B - Nombre del Persona B: (Name at Birth - Nombre al Nacer)	2nd Person/Nombre de Segunda Persona	Middle/Segundo	Last/Apellido		Doubled _____
License Issued in - Licencia obtenida en	County/Condado				<b>Veterans - See reverse side of first copy</b> <b>Veteranos - Vean el dorso de la segunda copia</b>
Relationship to Registrant(s) (See Above) - Parentesco con las persona(s) registrada (Vease 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 _____					

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

76A639MC Rev. 2/22



**ACKNOWLEDGEMENT FORM**

California has two types of marriage licenses available: Public and Confidential.

**IF PUBLIC:**

- You can get married anywhere in the State of California.
- You need at least one witness during your ceremony.
- The marriage record is made available to the public.

**IF CONFIDENTIAL:**

- You must already be living together as a married couple
  - You must get married in the State of California
  - No witnesses are required
  - The marriage record is confidential and only available to the couple
- We have read the information pertaining to the types of marriage licenses available in California. We have chosen to purchase the confidential marriage license from the Notary Public. We understand that by purchasing this type of license, we will be the only ones able to purchase certified copies of our marriage license 6-8 weeks after the license is returned to the Registrar-Recorder/County Clerk Office.
- We may purchase copies by presenting legal picture identification at the office of the Registrar-Recorder/ County Clerk pursuant to the instructions provided on the [www.lavote.gov](http://www.lavote.gov) website; Or, by mailing to the Registrar-Recorder/County Clerk office the original request form issued to us at the time of buying the marriage license. Each copy is \$17.00 due to the Los Angeles County Registrar-Recorder/County Clerk either by cash (for In-person request), preprinted check or money order.

**NOTE:**

I have also been informed that my license must be used by \_\_\_\_\_

Signature of Party A

Signature of Party B

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Party A

Printed Name of Party B

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

Marriage License Number \_\_\_\_\_

Receipt Verification  
of  
"Your Future Together" Brochure

I \_\_\_\_\_, verify that I have  
recieved the "Your Future Together" Brochure.

Date: \_\_\_ / \_\_\_ /2023

Signature \_\_\_\_\_

I \_\_\_\_\_, verify that I have  
recieved the "Your Future Together" Brochure.

Date: \_\_\_ / \_\_\_ /2023

Signature \_\_\_\_\_