



COUNTY OF SAN DIEGO  
 ERNEST J. DRONENBURG, JR.  
 ASSESSOR/RECORDER/COUNTY CLERK  
[www.sdarcc.com](http://www.sdarcc.com)



**FOR OFFICIAL USE ONLY**

BY MAIL  
 APPLICATION FOR A **MARRIAGE CERTIFICATE**,  
 LETTER CONFIRMATION OF MARRIAGE, OR  
 LETTER OF NO RECORD

\$17.00 - PER COPY

**FEES ARE NON-REFUNDABLE**

Per California State Law, Health and Safety Code, Section 103526(c), permits only authorized persons as defined below to request certified copies of Marriage Records. Those who are not authorized by Law to receive a certified copy of a non-confidential Marriage Record will receive a certified informational copy marked "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.**"

**FOR OFFICIAL USE ONLY**

**Type of identification provided, if processed in person:**

Driver's License                       Military ID  
 Passport                                       Other \_\_\_\_\_

Those who are not authorized by Law to request a confidential Marriage Record will receive a "**Letter Confirming the Existence of the Marriage**". If we cannot identify the record based on the information you provided, State Law requires that we retain the fee and issue a "**Letter of No Record**". Please wait 2 weeks from the date of event before submitting your request. **You will be asked to present a valid photo ID for all in-person requests.**

Note: A marriage certificate can only be purchased from San Diego County if the marriage license was issued from this County.

<input type="checkbox"/> I would like a <b>certified copy</b> of a <u>non-confidential</u> marriage record. (You must indicate your relationship to the person named on the certificate by marking a box in the list to the right.)  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> I would like a <b>certified informational copy</b> of a <u>non-confidential</u> marriage OR a letter <b>confirming the existence</b> of a <u>confidential</u> marriage. <b>(A sworn statement is not required.)</b>	I am: <input type="checkbox"/> A registrant (must be one of the two persons listed on the marriage certificate). <input type="checkbox"/> Entitled to the record as a result of a court order. <b>The original COURT ORDER must be included with this request.</b> <input type="checkbox"/> A parent or legal guardian of a registrant. <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. <i>(Companies representing a government agency must provide authorization from the government agency.)</i> <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of a registrant. <input type="checkbox"/> An attorney representing a registrant or a registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of a registrant or a registrant's estate. <i>(If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)</i>
<input type="checkbox"/> I would like a <b>certified copy</b> of a <u>confidential</u> marriage record. (You must indicate your relationship to the person named on the certificate by marking a box in the list to the right.)	I am: <input type="checkbox"/> A registrant (must be one of the two persons listed on the marriage certificate). <input type="checkbox"/> Entitled to the record as a result of a court order. <b>The original COURT ORDER must be included with this request.</b>

PLEASE TYPE OR PRINT THE INFORMATION REQUESTED BELOW

MARRIAGE INFORMATION ON CERTIFICATE Complete First and Second Person Information			
First Person – First Name	Middle Name	Current Last Name	Birth Last Name
Second Person – First Name	Middle Name	Current Last Name	Birth Last Name
Date of Marriage		No. of Copies	

Note: This Sworn Statement must accompany this request in our office before a certificate can be issued.

Requestor's Name \_\_\_\_\_  
 (Please Print)

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am an  
(Print Name)  
authorized person, as defined in California Health and Safety Code, Section 103526(c), and am eligible to receive a certified copy of the  
marriage record of the following individuals:

Names of Both Persons Listed on Certificate	Number of Copies	Applicant's Relationship to Persons on Listed Certificate

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Yr) (City) (State)

\_\_\_\_\_  
(Applicant's Signature)

*Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgment below. The notary is only verifying the identity of the person requesting the copy not the relationship to the registrant. Only one notarization is required even though the requestor may have a different authorized relationship to each being requested, (i.e. Mother on one request, Registrant on another request, etc.).*

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 to the truthfulness, accuracy, or validity of that document.

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Here insert the name and title of officer)

Personally appeared \_\_\_\_\_ 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

**Mail Certificate to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Number of copies \_\_\_\_\_ X \$15.00 = \_\_\_\_\_

*Please mail this request along with your payment (check or money order payable to SD County Recorder) to:*

San Diego Recorder/County Clerk  
Attn: Vital Records  
P.O. Box 121750  
San Diego, CA 92112-1750