

## 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 the application must be signed in the presence of the cashier and valid identification must be provided.**

**MAIL REQUESTS 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	
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that I am a party to the foregoing marriage.  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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF VETERAN OR AUTHORIZED AGENT

\_\_\_\_\_  
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.

