## **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

	NUMBE	R OF COPIES					FOR RECORDER USE ONLY
	NUMER	RO DE COPIAS					
		Month/Mes	Day	/Dia	Yea	r/Año	
Date of Marriage - Fecha De Matrimonio							
Name of Groom - Nombre del Novio 1st Person/Nombre de Primera Persona		Middle/Segundo Last/Apellido		Apellido	File Number		
							Searched
Method News of Octob		Maria de la compansión de				/A 115 d	
Maiden Name of Bride – 2nd Person/Nombre de Segunda Persona  Nombre de soltera de la Novia		Middle/S	egunao		Last	/Apellido	Doubled
License issued in – Licencia obtenida en County Condado							
RELATIONSHIP TO REGISTRANT(S) (SEE ABOVE) – PARENTESCO CON LAS PERSONA(S	) REGISTRA	ADA (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.						Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia	
Date Signature							
DL/ID	Phon	ie Number _					
Complete your name and mailing address b	elow.						
Escriba abajo su nombre y direccion.							
NAME/NOMBRE							
STREET ADDRESS/NUMERO Y CALLE							
CITY /CIUDAD STATE/ESTADO	Z	IP/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 quaffidavit.	alify for a free certified	copy under these provisio	ns, comple	ete the following
	free certified copy of th at the free copy is to be	e record as shown on the i e furnished to	reverse sid	e and declare under
		_ in a claim for		
FEDERAL OR STATE AGENCY			TYPE OF	
DATE		VETERAN OR AUTHORIZED AGENT		
	NUMBER-STREET			
	CITY	STATE	71P	

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.





Los Angeles County Registrar-Recorder/County Clerk

DEAN C. LOGAN Registrar-Recorder/County Clerk

CERTIFICATE OF IDENTITY/SWORN STATEMENT - BIRTH, DEATH & PUBLIC MARRIAGE
In accordance with California State Law, the following identifying information is required to obtain a certified copy of Birth, Death or Public Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or public marriage record, individual named on certificate, parent, child, legal guardian/custodian, grandparents, grandchild, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency (birth only), funeral director or agent/employee (death only).

# This certificate must be signed in the presence of a Notary.

Name(s) on Certificate	Relationship
(Print Name)	declare under penalty of perjury under the laws of the State of ifornia Health and Safety Code Section 103526(c), and am eligible to ecord for the individual(s) listed above.
Subscribed to the day of 20	, at , .
(Day) (Month)	(City) (State)
	(Signature)
A notary public or other officer completing this certificate ver to which this certificate is attached, and not the truthfulness, a	rifies only the identity of the individual who signed the document accuracy, or validity of that document.
CERTIFICATE OI	FACKNOWLEDGEMENT
STATE OF CALIFORNIA )	
) ss County of	
On, before me(Inse	rt name and title of officer here)
, who proved	to me on the basis of satisfactory evidence, to be the person whose
	ed to me that he/she executed the same in his/her authorized capacity
	, or the entity upon behalf of which the person 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 SEAL)

R1995 Rev. 3/14