



**RIVERSIDE COUNTY
ASSESSOR-COUNTY CLERK-RECORDER**
APPLICATION FOR CERTIFIED COPY OR SEARCH OF A MARRIAGE RECORD
PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING
PLEASE PRINT IN BLACK OR BLUE INK

1 MARRIAGE RECORD or CERTIFICATE OF NO RECORD INFORMATION FEE \$15.00

PLEASE PRINT License # _____

Type of License Purchased: Public Confidential

If requesting a Certificate of No Record, years to be searched: _____ to _____
For below, give names prior to this marriage:

Name of First Person: _____
First Middle Last

Name of Second Person: _____
First Middle Last

Date of Marriage: _____ Number of Copies _____

2 I am requesting an AUTHORIZED copy I am requesting an INFORMATIONAL copy
If you are requesting an Informational copy, please skip to section 4.

3 **Public Marriage Certificate: To receive a Certified Copy I am:**

The registrant (one of the parties to the marriage).

A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant

A member or representative of a government agency, as provided by law, who is conducting official business.

A party entitled to receive the record as a result of a court order (include a certified copy of the court order with this request).

An attorney representing the registrant 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 (if by power of attorney, include a copy of the power of attorney with this request)

Those who are not authorized by law to receive a certified copy of a non-confidential (public) marriage record will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"

Confidential marriage certificate: To receive a Certified Copy I am:

One of the parties to the confidential marriage

A party entitled to receive the record as a result of a court order (include a certified copy of the court order with this request)

4 **Requested by:** _____
Name _____
Street Address _____
City _____ State _____ Zip _____
Phone # (_____) _____

Mail/Issue To: (For Public Marriages Only)

_____ Name of Person Receiving Copies, If Different from Applicant
_____ Mailing Address for Copies, if Different from Applicant
City _____ State _____ Zip _____
I.D. # _____

5 I, _____ (Print Full Name) swear or affirm under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), eligible to receive a certified copy of the marriage record identified on this application form.

Sworn: _____ at _____
Date (mm/dd/ccyy) City State

Signature: _____
(Applicant Signature) (If ordering in person you must sign in front of the Clerk)

BELOW SECTION FOR OFFICE USE ONLY

Receipt #	Check #	Total \$ Due	Amount Paid	Year / Certificate #
Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Debit / Credit <input type="checkbox"/>	<input type="checkbox"/> Counter <input type="checkbox"/> Mail <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Govt. Stamped	Long Amount <input type="checkbox"/>
Credit Card # / Exp. Date	Type of I.D., Identifying Numbers and Exp. Date			Clerks Initials
<input type="checkbox"/> Do Not Charge Fee, Contact State <input type="checkbox"/> Charge Search Fee, Contact <input type="checkbox"/> State or _____ Searched years from _____ to _____ by: _____				

