APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD

DO NOT Complete This Application Before Reading the Instructions on Page 2

- ☐ I would like a **Certified Copy**. This copy will establish the identity of the registrant. (To receive a Certified Copy you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** (select from the list below) **AND COMPLETE THE ATTACHED SWORN STATEMENT** declaring that you are eligible to receive the Certified Copy. The Sworn Statement **MUST BE NOTARIZED** if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)
- □ I would like a Certified Informational Copy. This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."
 - (A Sworn Statement does not need to be provided.)

Fee: \$15 per copy for Marriage Record

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a Certified Copy I am:

- ☐ The registrant (person listed on the certificate) or a parent or legal guardian of the registrant (*legal guardians should provide documentation*).
- A party entitled to receive the record as a result of a court order (please include a copy of the court order).
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- 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 you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)

PLEASE TYPE OR PRINT THE INFORMATION REQUESTED BELOW EXCEPT WHERE SIGNATURE IS REQUIRED

APPLICANT INFORMATION – You MUS	ST Complete This Section	(PLEASE PRIN	T OR TYPE)				
Purpose for Which Certified Copy is to Be Used		Today's Date		Area Code and Telephone			
					()	
Name of Person Completing Application		Signature of I	Person Requesting	Record(s)			
Mailing Address – Number, Street		City				State	ZIP Code
Name of Person Receiving Copies, if Different From Above		Number of Copies		Amount Enclosed		Purpose of Request	
Mailing Address for Copies, if Different From Above		City			State	ZIP Code	
MARRIAGE CERTIFICATE: Complete F	irst and Second Person Inf	ormation					-
Name of First Person – First Name	Middle Name		Current Last Name		Birth Last Name		
Date of Birth	Place of Birth		Name of Father/	Parent of First Pe	rson		
Name of Second Person – First Name	Middle Name		Current Last Name		Birth Last Name		
Date of Birth	Place of Birth		Name of Father/Parent of Second Person				
Date of Marriage – Month, Day, Year	If Date Unknown, Enter Year(s) to be Searched		County That Issued License Co		Cou	ounty of Marriage	
			•		•		

MARRIAGE

INSTRUCTIONS:

- 1. Use a separate application for each different record that you are requesting. Submit the required fee for **each** certified copy requested. If we cannot locate the record based on the information you provide, state law requires that we keep the fee (for our searching efforts), but we will provide you with a "Certificate of No Public Record."
- 2. Provide as much information as possible to help us locate the specific record you are requesting. Complete *First and Second Person Information* for marriage requests, and/or divorce requests. If the information you provide is incomplete or inaccurate, we may not be able to locate the record.
- 3. Identify the number of copies you want. Include a check or money order (for out-of-country requests, use an international money order payable in U.S. dollars) made payable to the *Trinity County Clerk/Recorder*. Mail this application with the fee(s) to the address:

P.O. Box 1215
Weaverville CA 96093
530-623-1215

4. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the marriage record, and identify their relationship to the registrant(s) their relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) Law enforcement and local and state governmental agencies are exempt from the notary requirement.
- You do not have to provide a Sworn Statement if you request a "Certified Informational Copy" of the marriage record.
- 5. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

SWORN STATEMENT

(Applicant's Printed Name)	clare under penalty of perjury under the la	ws of the State of California		
that I am an authorized person, as defined in California Health	and Safety Code Section 103526 (c), and	am eligible to receive a		
certified copy of the birth, death, or marriage certificate of the fe	ollowing individual(s):			
	Applicant's Relationship to Pe	rson Listed on Certific		
Name of Person Listed on Certificate	(Must Be a Relationship Listed on Page 1 of Application)			
(The remaining information must be completed in the presence of a No.	otary Public or Office of Vital Records staff.)			
Subscribed to this day of (Day) (Month)	_, 20, at(City)	(State)		
	(Applicant's Signature	nature)		
of Acknowledgment below. The Certificate of Acknow	e your Sworn Statement notarized ເ vledgement must be completed by ເ	using the Certificate a Notary Public.		
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