

For official use only:	
Certificate #:	
Gov't agency	Clerk initials

CERTIFIED COPY "WILDFIRE"

MARRIAGE RECORD (No Fee)

Regular Confidential - Only Bride OR CHECK ID CONF. MARRIAGE	Groom may purchase - H&S 103 ■	526 (b) (2) (1)		
Date of Ceremony/Wedding	# of Copies Requested1_	Today's Date	m/dd/yyyy	
First Person Name:	Middle	Last (Maiden)	1	
Second Person Name:	Middle	Last (Maiden)	<u> </u>	
Authorized CERTIFIED COPY of the	Mark Appropriate Boxe (See H&S Code 103526 below) record	<u>)S</u>		
(Sworn statement required for both Confidential & R		lies to Regular Marriage Cer	•	
The California H&S Code 103526 , permits onl I am: (APPLIES TO REGULAR MARRIAGES ONLY)	y persons as defined below to receive Au	thorized certified copies of Marr	lage records.	
 ☐ The registrant or a parent or legal guardian of t ☐ A party entitled to receive the record as a resul comply with the requirements of Section 3140 of A member of a law enforcement agency or a rebusiness. ☐ A child, grandparent, grandchild, sibling, spous ☐ An attorney representing the registrant or the rebehalf of the registrant or the registrant's estate ☐ Any agent or employee of a funeral establishment of any individual specific in paragraphs (1) to (5) 	t of a court order, or an attorney or a licensed at presentative of another governmental agency, see, or domestic partner of the registrant. egistrant's estate, or any person or agency emple. ent acting within the scope of employment who	as provided by law, who is conduct cowered by statute or appointed by orders certified copies of a death c	ting official a court to act on certificate on behalf	
Applicant Information:				
Name:Print Name	Daytime Telep	hone: ()		
Mailing Address: Street or PO Box	City	State	Zip	
SWORN STATEMENT (MUST BE COMPLETED)				
l,	, d	eclare under penalty of per	rjury under the	
laws of the State of California, that I am	•		26 (c), and am	
eligible to receive a certified copy of the m	arriage record of the above individua	I(S):		
Sworn on/ (Date) (Place)	(Signati	ure)		

SWORN STATEMENT

I,, declare under pen (Applicant's Printed Name)	nalty of perjury under the laws of the State of California, that I am an authorized
person, as defined in California Health and Safety Code Section (Camp, Hill, or Woolsey) Fire and lost certified copies of birth, de	103526 (c), and that I am a survivor of the Butte, Los Angeles, or Ventura Count leath, or marriage records as a result.
Pursuant to the Governor's Proclamations of a State of Emerger certificate of the following individual(s):	ncy, I am eligible to receive a free certified copy of the birth, death, or marriage
	Applicant's Relationship to Person Listed on Certificate
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 Notar	ry Public or CDPH Vital Records staff.)
Subscribed to this day of (Month)	_, 20, at (City) (State)
	(Applicant's Signature)
governmental agencies are exempt from the notary requi CERTIFICATE	irement.) OF ACKNOWLEDGMENT
identity of the individual who sig	r completing this certificate verifies only the gned the document to which this certificate is ness, accuracy, or validity of that document.
State of)	
County of)	
nbefore me, (insert name and title of the officer)	_, personally appeared,
ho proved to me on the basis of satisfactory evidence to be the pers	son(s) whose name(s) is/are subscribed to the within instrument and
cknowledged to me that he/she/they executed the same in his/her/t	their authorized capacity(ies), and that by his/her/their signature(s) on
he instrument the person(s), or the entity upon behalf of which the p	person(s) acted, executed the instrument. I certify under PENALTY OF
ERJURY under the laws of the State of California that the foregoing page 1	paragraph is true and correct
	WITNESS my hand and official seal. (SEAL)
SIGNATURE OF NOTARY PUBLIC	