APPLICATION FOR CERTIFIED COPY OF:

□ BIRTH	RECORD \$25.00	□ DEATH RECORE) \$21.00 □ PUBL	IC MARI	RIAGE \$15.00
			L MARRIAGE \$15.00		
	□ Expedited	Shipment - Additional	Fee \$20.00 (credit care	d orders	only)
NAME OF					
REGISTRANT					
Provide both names for					
Marriage Certificate					
	First I	Name	Middle Name		Last Name
DATE ON			PLACE OF		
RECORD			MARRIAGE, BIRT	H OR	
Date of event	Month / D	lav / Vear	DEATH		City or County
MOTHERS FULL	World, E	ay / Tour	FATHERS FULI		only of county
MAIDEN NAME			NAME		
(Birth Certs Only)			(Birth Certs Only)		
NAME OF			1	1	
NAME OF					
APPLICANT	First I	Name	Middle Name		Last Name
MAILING	1	Tallio .	madio Hamo		Edd: Namo
ADDRESS OF					
APPLICANT					
APPLICANT	Number	& Street	City		State & Zip Code
PHONE #					
INCLUDING AREA CODE	()				
- (MANDATORY)	,				
To obta	ain a Certified Copy (Bi			ck the ap	propriate box below.
		I am an authorized	requestor and am:		
☐ The registrant		□ A parent, legal o	guardian, child, grandparer	nt, grandch	ild,
_		sibling,	spouse or domestic partne	er of the reg	gistrant.
□ A party entitled to rece	eive the record as a result o	f a court order, or an attorr	ney or a licensed adoption a	agency see	eking the birth record in order to comply
	Section 3140 or 7603 of the				
•		•			•
☐ An attorney representi	ng the registrant or the regi	strant's estate, or any pers	son or agency empowered	by statute of	or appointed by a court to act on behalf of
	trant's estate (if by power o				
	(a) passas	,,	p		
☐ A member of a law enf	forcement agency or a repr	esentative another governi	mental agency as provided	hy law w	ho is conducting official business.
Z / momber of a law on	iorodinant agono, or a ropr	occinative another govern	mornar agonoy, ao providos	a by law, w	no to conducting emolal backness.
□ Apy funoral director wh	no orders on behalf of any i	ndividual appoified in para	graph (1) to (E) inclusive of	f aubdiviaia	on (a) of Spation 7100 of the Health and
Safety Code	to orders on benail of any i	ndividuai specilied iri paraį	graph (1) to (5), inclusive o	Subdivisio	on (a) of Section 7100 of the Health and
Safety Code					
			autifical accountill receive a		THE THE PROPERTY OF A
		orized by law to receive a c	ertified copy will receive a	certified co	py marked "INFORMATIONAL, NOT A
VALID DOCUMENT TO E	ESTABLISH IDENTITY"				
□ Surviving Next of Kin					
	11.00	NICIDENTIAL MAR	DIAGE OFFICIO	ATE	
	******		RRIAGE CERTIFIC	AIE	
		To receive a Ce	rtified Copy I am:		
□ One of the parties to	the confidential marriag	ge. □ A pa	arty entitled to receive th	ne record	as a result of a court order pursuant
•					ertified copy of the court order with this
		request	•		
I declare under penalty	of perjury under the lav		*	mation is	true and correct
r doordro dridor poriarty	, or porjery arraor are lar	to or the otate of oamer	The that the above inter-		
Executed at					Date
Executed at	City and State where sign	ned			Date
Oissant and Assalisant					
Signature of Applicant	(Must be sign	and in the presence of notary if	by mail or Deputy Recorder if	in norcon)	
If applying by mail: and					d and the acknowledgement must be
	ation. No acknowledgn				
attached to this applica	ation. No acknowledgii	•		iational cc	рру опту.
			l Use Only		
Book: Page	e:	Date Copy Issued:		ID#:	
Receipt #:		Type Issued:			
			□ Informational	CDL	Other
Certificate #:		Order Method:			
			⊐ Mail		f Clerk issuing copy:
□ Amex □ Disc	□ MC □ Visa	Credit Card #:		Exp. Da	ate:

□ Amex □ Disc □ MC □ Visa Revised January 1, 2019

SWORN STATEMENT

that I am an authorized perso	on, as defined in California Hea	ealth and Safety Code Section 103526 (c), and	d am eligible to receive a
·	ath, or marriage certificate of the		Ç
	isted on Certificate	Applicant's Relationship to Pe Certificate (Must Be a Relationship Listed on Pag	
-		a Notary Public or County Clerk staff.)	
Subscribed to this(Day	_ day of, 20_ (Month)	, at(City)	(State)
	_	(Applicant's Signatu	ure)
knowledgment below. The	e Certificate of Acknowled	e your Sworn Statement notarized using dgement must be completed by a Notailes are exempt from the notary require	ary Public. (Law
knowledgment below. The	e Certificate of Acknowled ate governmental agenci	dgement must be completed by a Nota	ary Public. (Law
knowledgment below. The	CERTIFICATE O A notary public or other officer identity of the individual who sign	dgement must be completed by a Nota ies are exempt from the notary require	ary Public. (Law
knowledgment below. The	CERTIFICATE O A notary public or other officer identity of the individual who sign	digement must be completed by a Notaties are exempt from the notary required OF ACKNOWLEDGMENT To completing this certificate verifies only the igned the document to which this certificate	ary Public. (Law
State of	CERTIFICATE O A notary public or other officer identity of the individual who signs attached, and not the truthful	DF ACKNOWLEDGMENT completing this certificate verifies only the igned the document to which this certificate ulness, accuracy, or validity of that document	ary Public. (Law ement.)
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