## APPLICATION FOR CERTIFIED COPY OF A CONFIDENTIAL MARRIAGE CERTIFICATE

Effective January 1, 2010, California State Law, Health and Safety Code Section 103526, <u>permits only authorized persons</u> as defined below to receive certified copies of marriage records.

**Note:** If the marriage license was not issued in <u>ALPINE</u> County, then the <u>ALPINE</u> County Clerk will not have the marriage certificate. Please order the marriage certificate from the Recorder or County Clerk of the county where the license was issued.

Fees: \$14.00 per copy (payable to Alpine County Clerk). If no record of the marriage is found, the \$14.00 fee will be retained for searching the record (Health & Safety Code Section 103650) and a Certificate of No Record will be issued to the applicant. Copies may be obtained in person or by mail at:

Alpine County Clerk
PO Box 158
Markleeville, CA 96120

## **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)

Those who are not authorized by law to receive a certified copy of a <u>confidential</u> marriage record will receive a letter confirming the existence of a confidential marriage pursuant to Family Code Section 511(c).

DO NOT complete the rest of this form before reading the detailed instructions on Page 3.

<b>APPLICANT INFORMATION</b> (P	LEASE PRINT OF	R TYPE)				
Printed Name and Signature of Person Completing Application				Today's Date	Telephone Number – Area Code First	
					( )	
Address – Number, Street		City		State	ZIP Code	
Name of Person Receiving Copies, if Di	ifferent From Above	No. of Copies	Amou	unt Enclosed	Purpose of Re	quest
Mailing Address for Copies, If Different From Above		City		State	ZIP Code	
NAMES OF BOTH PARTIES TO	THE MARRIAG	<b>E</b> (PLEASE PI	RINT (	OR TYPE)		
First Name	Middle Name		Last N	ame as listed on	marriage certific	cate
First Name	Middle Name		Last N	ame as listed on	marriage certific	cate
Date of Marriage – Month, Day, Year	County Where License	was Issued	County	y of Marriage		
\( \( \( \) \	•	Dans 1 of 2		·	·	

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# **SWORN STATEMENT**

I,, declare (Printed Name)	under penalty of perjury	under the laws of the S	State of California,	
` ,	d Safaty Code Section	103536 (c) and am alia	ible to receive a	
that I am an authorized person, as defined in California Health an	•	103326 (c), and am eng	ible to receive a	
certified copy of the marriage certificate of the following individual	l(s):			
Name of Both Parties Listed on the Marriage Certificate		Your Relationship to the Parties Listed on the Marriage Certificate		
(The remaining information must be completed in the presence of a Notary	v Public or County Clerk st	aff )		
(The remaining information must be completed in the presence of a votal)	y r ubile of County Clerk su	<i></i>		
Subscribed to this day of, (Day) (Month)	20, at			
(Day) (Month)		(City)	(State)	
	(Signature of person rec	uesting certified copy)		
Note: If submitting your order by mail, you must have	vour signature on th	ne Sworn Statement	acknowledged	
by a Notary Public using the Certificate of Acknowledg				
must sign this in the presence of Alpine County Clerk St	aff.			
State of	KNOWLEDGME	NT		
County of) ss				
On, before me, (Insert your name and title	e)		, personally	
appeared				
		, which pro-		
hadis of actiofactoms avidence to be the manage (a) whose manage is	/a ala a anila a al 4 a 4 la a		ved to me on the	
basis of satisfactory evidence to be the person(s) whose name is			eved to me on the	
basis of satisfactory evidence to be the person(s) whose name is, that he/she/they executed the same in his/her/their authorized ca			eved to me on the	
	pacity(ies), and that by	nis/her/their signature(s	eved to me on the	
that he/she/they executed the same in his/her/their authorized can the person(s), or the entity upon behalf of which the person(s) act I certify under <i>PENALTY OF PERJURY</i> under the laws of the	pacity(ies), and that by ted, executed the instru	nis/her/their signature(s ment.	oved to me on the knowledged to me	
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#### **INSTRUCTIONS:**

- **1.** Certified copies of confidential marriage certificates are only available to the parties of that confidential marriage. Informational copies are **not** available for confidential marriage certificates.
- 2. Complete a separate application form for each record of marriage requested.
- 3. Complete the Applicant Information section on the first page of this form and provide your signature where indicated. Provide all the information you have available to identify the record of the registrant under Marriage Certificate Information. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.

### 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.
- If the application is being submitted by mail, your signature on the Sworn Statement **must be** acknowledged by a Notary Public. (To locate a Notary Public, see your local yellow pages or call your banking institution.).
- If the application is being submitted in person at the <u>Alpine County Clerk's Office</u>, the Sworn Statement must be signed by you in the presence of the <u>County Clerk Staff</u>, and your signature does not have to be acknowledged by a Notary Public. You must also provide valid photo identification to the <u>County Clerk Staff</u> at the time you apply for the copy.
- 5. Submit \$14.00 for each certified copy requested. If no record of the marriage is found, the \$14.00 fee will be retained for searching the record (as required by Health & Safety Code Section 103650) and a Certificate of No Public Record, or a letter confirming the existence of a confidential marriage will be issued to the applicant. Indicate the number of certified copies you wish and include the correct fee(s) in the form of a personal check, postal or bank money order (International Money Order for out-of-country requests) made payable to the Alpine County Clerk. Mail this application with the fee(s) and a self-addressed stamped envelope to:

Alpine County Clerk PO Box 158 Markleeville, CA 96120