

APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS APPLICATION

California law (Health and Safety Code Section 103526), permits only authorized individuals as listed on the application to receive certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive a certified informational copy with the legend, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Please indicate the type of certified copy you are requesting:

I am requesting a **Certified AUTHORIZED** copy

I am requesting a **Certified INFORMATIONAL** copy

NOTE: Both documents are certified copies of the original document on file with the Alpine County Recorder-Vital Records). With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The Sworn Statement **MUST BE NOTARIZED** unless you are a member of a law enforcement agency or a representative of a state or local government agency.

RELATIONSHIP:

- | | |
|--|--|
| Registrant (Name on Certificate) | Sibling of Registrant |
| Child of Registrant | Spouse/Registered Domestic Partner of Registrant |
| Parent/Legal Guardian of Registrant | Grandparent/Grandchild of Registrant |
| Authorized by Court Order | Law Enforcement/Government Agency (Conducting Official Business) |
| Attorney Representing Registrant or Registrant's Estate | |
| Power of Attorney/Executor of the Registrant's Estate (include a copy of the power of attorney or supporting documentation identifying you as executor.) | |

APPLICANT INFORMATION (PRINT OR TYPE)			Today's Date:		
Agency Name (if applicable)		Agency Case Number	Inmate ID Number		
Name of Applicant		Signature of Applicant	Purpose of Request		
Mailing Address - Number, Street, and Unit# (if applicable)		Amount Enclosed - DO NOT SEND CASH		Number of Copies	
		\$ _____ Check \$ _____ Money Order			
City		Name of Person Receiving Copies if Different from Applicant			
State/Province	ZIP Code	County	Mailing Address for Copies if Different from Applicant		
Daytime Telephone Number ()	Email Address	City	State	Zip Code	

MARRIAGE RECORD INFORMATION (PRINT OR TYPE)			
<i>Complete First Person and Second Person Information below as shown on the marriage record, to the best of your knowledge.</i>			
Name of First Person - FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Birth (MM/DD/YYYY)	County of Birth (CA ONLY)	Father/Parent of First Person (First, Middle, Last)	
Name of Second Person - FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Birth (MM/DD/YYYY)	County of Birth (CA ONLY)	Father/Parent of Second Person (First, Middle, Last)	
Date of Marriage - Month, Day, Year	If Date Unknown, Enter Year(s)	County That Issued License	County Where Marriage Took Place

FEE: \$17.00 PER COPY (PAYABLE TO Alpine County Recorder) Check/Money Order Enclosed	Submit check or Money Order- Do Not Send Cash Notarized Sworn Statement Enclosed (if applicable)
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SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicant's Printed Name)

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 following individual(s):

Table with 2 columns: Name of Person Listed on Certificate, Applicant's Relationship to 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 Notary Public or Office of Vital Records staff.)

Subscribed to this ____ day of _____, 20__, at _____
(Day) (Month) (City) (State)

(Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
(Insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on
the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF
PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

(SEAL)

SIGNATURE

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Marriage Record. Page 1 identifies the individuals who are authorized to make the request. All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application for each marriage record requested.
3. Provide as much information as possible to help us locate the specific record you are requesting. Complete *First Person and Second Person Information* for marriage requests. If the Information you provide is incomplete or inaccurate, Alpine County Recorder's staff may not be able to locate the record.
4. If you require documentation that a public marriage record **does not** exist for the years 1905 to Present, check the box for CNPR (Certificate of No Public Record) request on the application.
5. **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 (person listed on the certificate) - the relationship must be one of those identified on Page 1. Only one sworn **statement is required for multiple records.**
 - 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.**
 - A Sworn Statement notarized by a foreign notary must have an apostille attached. An Apostille is a certificate that authenticates a document for use in another country. Foreign notarizations obtained from an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.
 - You do not have to provide a Sworn Statement if you are requesting a certified informational copy of the marriage record.
6. Submit \$17 for **each** copy requested. If no marriage record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out of country requests) made payable to **Alpine County Recorder, PLEASE SUBMIT CHECK OR MONEY ORDER-DO NOT SEND CASH.**
7. Mail completed applications with the fee(s) and a return postage paid self-addressed envelope to:

Alpine County Recorder
P.O. Box 155 or 99 Water St (overnight delivery)
Markleeville, CA 96120
Phone# (530) 694-2283