



**COUNTY OF LAKE
ASSESSOR-RECORDER**

255 N. Forbes Street
Lakeport, California 95453
Assessor's Office 707 / 263-2302
Recorder's Office 707 / 263-2293
Fax 707 / 263-3703
Assessor@lakecountyca.gov

APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD \$17.00 PER COPY

CERTIFICATE TYPE: I am requesting an AUTHORIZED COPY (notarized sworn statement required)
 I am requesting an INFORMATIONAL COPY

Part 1 – Relationship to Person on Certificate (Registrant): *Check appropriate box.*

The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)

A party entitled to receive the record as a result of court order. (Provide copy of 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.)

Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.)

An attorney representing the registrant or the registrant's estate.

I do not qualify as an authorized requestor and am requesting a Certified Informational Copy only. I understand this copy will be stamped **"Informational, Not a valid document to establish identity."**

Part 2 – Marriage Record Information: *Complete First Person and Second Person information below as shown on the marriage record*

Name of 1 st Person - FIRST Name	MIDDLE Name	Current LAST Name	LAST Name at Birth
Name of 2 nd Person - FIRST Name	MIDDLE Name	Current LAST Name	LAST Name at Birth
County Marriage Occurred/License Issued (must be in California)		Date of Marriage – MM/DD/YYYY (or approximate date)	

Part 3 – Applicant Information: *Please PRINT all information legibly*

Applicant Name		Mailing Address: Number, Street, and Unit # (if applicable)	
Zip Code	City	State/Province	Country
Telephone (include area code)	Email Address	No. of Copies	Reason for Request

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Signature of Applicant _____ City/State where signed _____ Date _____

If applying by mail, and the applicant is an authorized requestor, the applicant's signature must be notarized and the acknowledgement must be attached to this application. No acknowledgement is necessary if requesting a certified informational copy only.

For Official Use Only			
Initial of Clerk Issuing Copy _____	Date Copy Issued _____	ID# _____	
Receipt # _____	Type Issued: Certified _____ Informational _____	_____	
Certificate # _____	Order Method: In Person _____ Mail _____	CDL _____	Other _____

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):

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 CDPH 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 Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

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.

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 OF NOTARY PUBLIC