

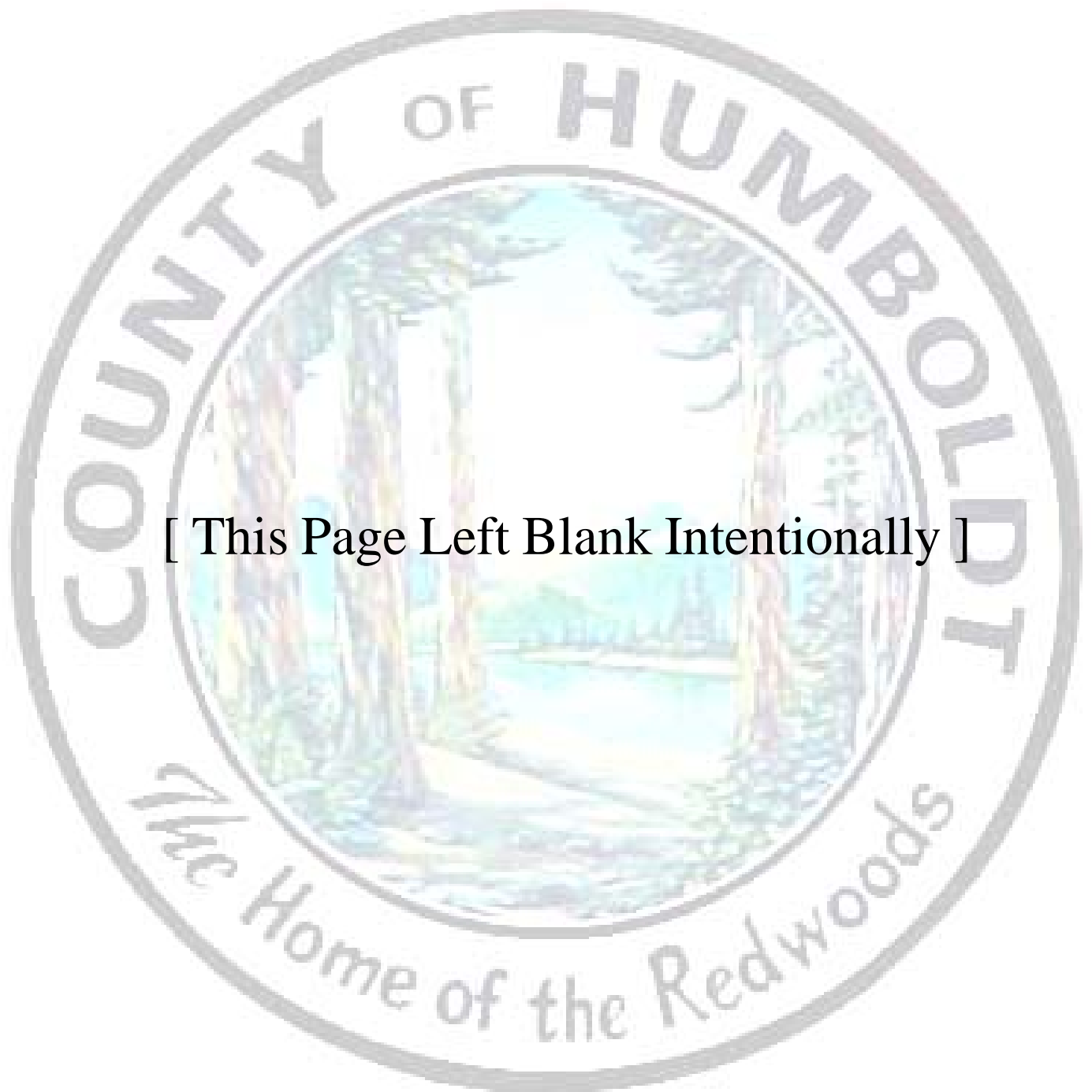


Humboldt County Clerk/Recorder
Vital Records
825 5th Street, 5th Floor
Eureka, Ca 95501
Ph. (707)445-7382 / (888)486-2732

APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD

INSTRUCTIONS:

1. Use a separate application for each different record that you are requesting.
2. Include \$15.00 for each Marriage Certificate requested.
3. Provide as much information as possible to help us locate the specific record you are requesting. Complete ***First and Second Person Information*** on the application. If the information you provide is incomplete or inaccurate, we may not be able 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(s) – their relationship must be one of those identified on Page 3 of the application.
 - 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 state/local governmental agencies are exempt from the notary requirement.**
 - You do not have to provide a Sworn Statement if you request a “Certified Informational Copy” of the marriage record.
5. **Mail Certificate Requests:** Mail Marriage Certificate requests to the address listed at the top of this page.
6. **Returning Completed Certificates:** Mailed in completed certificate requests are returned using the U.S. Postal Service only. You may provide your own return method for receiving your certificate back: but, be sure to include the return package with your request form. For walk-in customers you will get your certificate right over the counter.



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**APPLICATION FOR CERTIFIED COPY OF
MARRIAGE RECORD**

DO NOT Complete This Application Before Reading the Instructions on Page 1

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT (select from the list below) AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail <i>unless you are a law enforcement or state/local government agency.</i>)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states: "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." (A Sworn Statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

Fee: **\$15.00 per copy** (payable to Humboldt County Clerk/Recorder). **PLEASE SUBMIT CHECK OR MONEY ORDER—DO NOT SEND CASH** (Humboldt County Clerk/Recorder cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant (*legal guardians should provide documentation*)
- A party entitled to receive the record as a result of a court order (*please include a copy of the order*).
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business in this regards. (*Companies representing a governmental agency must provide authorization from the government agency.*)
- A child, grandparent, grandchild, brother or sister, or domestic partner of the registrant is eligible.
- An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant of the registrant's estate. (*If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.*)

PLEASE TYPE OR PRINT THE INFORMATION REQUESTED BELOW EXCEPT WHERE SIGNATURE IS REQUIRED

REQUESTOR INFORMATION		Today's Date:		
Agency Name (if applicable)		Agency Case Number	Inmate ID Number	
Name of Requestor		Signature of Requestor		Purpose of Request
Mailing Address—Number, Street		Amount Enclosed— DO NOT SEND CASH		Number of Copies
City		Mailing Address of Person Receiving Copies, if Different from Requestor		
State / Province	Zip Code			
Daytime Telephone (include area code)	Country	City	State	ZIP Code

MARRIAGE RECORD INFORMATION (PLEASE PRINT OR TYPE)
Complete First Person and Second Person information below as shown on the marriage record, to the best of your knowledge.

Name of First Person— FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Birth (MM/DD/CCYY)	Place of Birth	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/CCYY)	Place of Birth	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

SECTION BELOW IS FOR CLERK/RECORDER'S USE ONLY				
Book & Page Number	Bank Note Paper Number(s)	Type of I.D. & Identifying Numbers	Date Processed	Clerks Initials

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Requestor'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 a marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Requestors Relationship to Person Listed on Certificate (Must be a Relationship Listed on Page 3 of Application)

(The remaining information must be completed in the presence of a Notary Public or Humboldt County Vital Records staff.)

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

 Requestor'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 state/local 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