



JORDAN Z. MARKS  
 ASSESSOR/RECORDER/COUNTY CLERK  
 COUNTY OF SAN DIEGO  
[www.sdarcc.gov](http://www.sdarcc.gov)



**FOR OFFICIAL USE ONLY**

APPLICATION FOR A  
**MARRIAGE CERTIFICATE,**  
 LETTER OF CONFIRMATION OF MARRIAGE,  
 OR LETTER OF NO RECORD  
**\$17.00 – PER COPY**

**FEES ARE NON-REFUNDABLE**

Per California State Law, Health and Safety Code, Section 103526(c), permits only authorized persons as defined below to receive certified copies of Marriage Records. Those who are not authorized by Law to request a certified copy of a non-confidential Marriage Record will receive a certified informational copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** Those who are not authorized by Law to request a confidential Marriage Record will receive a **“Letter Confirming the Existence of the Marriage.”** If we cannot find the record based on the information provided, State Law requires that we retain the fee and issue a **“Letter of No Record.”** Please wait 2 weeks from the date of the event before submitting your request. **You will be asked to present a valid photo ID for all in-person requests.**

**NOTE:** A Marriage Certificate can only be purchased from San Diego County if the marriage license was issued from this county.

**FOR OFFICIAL USE ONLY - IN PERSON REQUEST**

Type of identification provided:

- [ ] Driver's License [ ] Military ID  
 [ ] Passport [ ] Other \_\_\_\_\_

PLEASE MARK ONE BOX BELOW	PLEASE MARK ONE BOX BELOW
<input type="checkbox"/> I would like a <b>Certified Copy</b> of a <u>Non-Confidential</u> marriage record. <i>(You must indicate your relationship to the person named on the certificate by selecting from the list to the right.)</i>  <p style="text-align: center;">OR</p> <input type="checkbox"/> I would like a <b>Certified Informational Copy</b> of a <u>Non-Confidential</u> marriage OR a <b>Letter of No Record.</b> <i>(You are not required to select from the list to the right or complete the Statement of Identity to receive an Informational Copy or Letter of No Record.)</i>	<input type="checkbox"/> A registrant (must be one of the two persons listed on the marriage certificate) or a parent or legal guardian of a registrant <input type="checkbox"/> Entitled to receive the record as a result of a court order <b>(Include a certified copy of the COURT ORDER)</b> <input type="checkbox"/> 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.) I am: <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of a registrant <input type="checkbox"/> An attorney representing a registrant or a registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of a registrant or a 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.)
<input type="checkbox"/> I would like a <b>Certified Copy</b> of a <u>Confidential</u> marriage record. <i>(You must indicate your relationship to the person named on the certificate by selecting from the list to the right) OR a Letter Confirming the Existence of a Confidential Marriage. (A sworn statement is not required.)</i>	I am: <input type="checkbox"/> A registrant (must be one of the two persons listed on the marriage certificate) <input type="checkbox"/> Entitled to receive the record as a result of a court order <b>(Include a certified copy of the COURT ORDER)</b>

MARRIAGE INFORMATION ON CERTIFICATE: (PLEASE PRINT OR TYPE) - \$17.00 for each certified copy			
First Person – First Name	Middle Name	Last Name	Birth Last Name
Second Person – First Name	Middle Name	Last Name	Birth Last Name
Date of Marriage	# of Copies		

**STATEMENT OF IDENTITY FOR AUTHORIZED PERSON - In Person Only**

I, \_\_\_\_\_, swear under penalty of perjury that I am an authorized person, as indicated above, and am eligible to receive a certified copy of the marriage record identified on this application form.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

(Day) (Month) (Year) (City) (State)

PLEASE NOTE: IF SUBMITTING REQUEST BY MAIL, COMPLETE SWORN STATEMENT & CERTIFICATE OF ACKNOWLEDGMENT ON PAGE 2

\_\_\_\_\_  
 (Applicant's Signature)

**(Must be signed in the presence of a County Clerk)**

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am  
 (Applicant's Printed Name)  
 an authorized person, as defined in California Health and Safety Code, Section 103526(c), and am eligible to receive a certified copy of the marriage record of the following individual(s):

Name of Person Listed on Certificate	# of Copies	Applicant's Relationship to Person Listed on Certificate (Must be a relationship listed on page 1 of the application)

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
 (Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
 (Applicant's Signature)

*Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgment below. The notary is only verifying the identity of the person requesting the copy, not the relationship to the registrant. Only one notarization is required even though the requestor may have a different authorized relationship to each being requested (i.e., Mother on one request, Registrant on another request, etc.).*

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 to the truthfulness, accuracy, or validity of that document.

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
 (Date) (Insert name and title of the officer)

personally appeared \_\_\_\_\_ 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.

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 SIGNATURE OF NOTARY PUBLIC

**Mail Marriage Certificate to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

# of Copies \_\_\_\_\_ X \$17.00 = \_\_\_\_\_

*Please mail this request along with your payment  
 (check or money order payable to "San Diego County Recorder") to:*

**San Diego Recorder/County Clerk  
 ATTN: Vital Records  
 P.O. Box 121750  
 San Diego, CA 92112-1750**