



# MONO COUNTY APPLICATION FOR CERTIFIED COPY OF A MARRIAGE CERTIFICATE

The California Health and Safety Code, Section 103526 permits only authorized persons as defined below to receive certified copies of marriage records. If the marriage license was not issued in Mono County, the Mono County Clerk/Recorder will not have the marriage certificate. Please order the marriage certificate from the Recorder/County Clerk of the county where the license was issued.

**Fees: \$ 15 per copy, payable to Mono County Recorder.** If no record of marriage is found, no fee will be charged, and a Certificate of No Record will be issued to the applicant. Copies may be obtained in person or by mail (see bottom of this page).

**Please indicate the type of certified copy you are requesting:**

Non-confidential (public) Marriage Certificate:	Confidential Marriage Certificate
<p><b>To receive a Certified Copy, I am:</b></p> <p><input type="checkbox"/> The registrant (one of the parties to the marriage)</p> <p><input type="checkbox"/> A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant</p> <p><input type="checkbox"/> 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)</p> <p><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.</p> <p><input type="checkbox"/> 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 or the registrant's estate (if by power of attorney, include a copy of the power of attorney with this request)</p>	<p><b>To receive a Certified Copy, I am:</b></p> <p><input type="checkbox"/> One of the parties to the confidential marriage</p> <p><input type="checkbox"/> 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)</p>

Those who are not authorized by law to receive a certified copy of a non-confidential (public) marriage record will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

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

### APPLICANT INFORMATION (Please print or type)

<b>Printed Name and Signature of Person Completing Application</b>	<b>Telephone Number</b>	<b>Today's Date</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>
<b>Name and Address of Person Receiving Copies, if different from above</b>	<b>Purpose of Request</b>	

### NAMES OF BOTH PARTIES TO THE MARRIAGE (Please print or type)

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name, as listed on marriage certificate</b>
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name, as listed on marriage certificate</b>
<b>Date of Marriage - Month, Day, Year</b>	<b>Licensing County</b>	<b>County of Marriage</b>

### INSTRUCTIONS

Please read page 3 for more detailed instructions and information

**Number of Copies Requested.** Send fee of **\$15** for each. Number of Copies \_\_\_ X \$15.00 = \_\_\_\_\_ Total \$ Sent

**Send Sworn Statement. It must be notarized if this application is mailed.**

**Mail Request and Payment to:**

Mono County Vital Records  
Attn: Tamara  
PO Box 237  
Bridgeport, CA 93517

#### CLERKS USE ONLY

Date copies mailed	_____
Certificates used	_____
Record Number	_____



# MONO COUNTY SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of California, 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 marriage record of the following individual(s):

Names of Both Parties Listed on the Marriage Certificate	Your Relationship to the Parties Listed on the Marriage Certificate

Sworn this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
Signature of Requesting Party

**Note:** If you are submitting this request 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, \_\_\_\_\_  
(Date) (Name/Title of Officer)

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

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 (NOTARY SEAL):**

\_\_\_\_\_  
Signature of Notary

Title or Type of Document \_\_\_\_\_  
No. of Pages (Including this Acknowledgement) \_\_\_\_\_

Date of Document \_\_\_\_\_