

## 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		
To receive a Certified Copy, I am:			To receive a Certified Copy, I am:		
<ul> <li>The registrant (one of the parties to the marriage)</li> <li>A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant</li> <li>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)</li> <li>A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.</li> <li>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)</li> </ul>			☐ One of the parties to the co☐ A party entitled to receive to a court order (include a certorder with this request)	he record as a result of	
copy marked "INFORMA" Those who are not auth	TIONAL, NOT A VALID DO orized by law to receive a	CUMENT TO ESTABLISH IDEN	dential (public) marriage record NTITY." ial marriage record will receive a		
APPLICANT INFORMATION (Please print or type)					
Printed Name and Signa	ature of Person Completi	•	Telephone Number	Today's Date	
Mailin	g Address	City	State	Zip	
Name and Address of Person Receiving Copies, if different from above			Purpose of Request		
NAMES OF BOTH PARTIES TO THE MARRIAGE (Please print or type)					
First Name					
First Name	Middle Name	Last Name, as listed o	on marriage certificate		
Date of Marriage - Mon	th, Day, Year	Licensing County	Count	ty of Marriage	
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					
	-	red if this application is mail		Total \$ Sent	
Mail Request and	Payment to:	CLERKS USE ONLY			
Mail Request and Payment to:  Mono County Vital Records  Attn: Danielle Espinosa Patrick  PO Box 237  Bridgeport, CA 93517  Y:/RECORDERS OFFICE/FORMS. Recorder/VITAL Forms/Application, for Marriage license			Date copies mailed Certificates used Record Number		



## **MONO COUNTY SWORN STATEMENT**

I,, sv California, that I am an authorized person, as defi	vear under penalty of perjury under the laws of the State of ined in California Health and Safety Code Section 103526 (c), and am
eligible to receive a certified copy of the marriage	
Names of Both Parties Listed on the Marriag Certificate	Your Relationship to the Parties Listed on the Marriage Certificate
Sworn this day of(Month) (	Year) at (City) (State)
Signature of	f Requesting Party
Acknowledgment below. The Certificate of Acknowle	you must have your Sworn Statement <b>notarized</b> using the Certificate of edgment must be completed by a Notary Public. (Law enforcement and local gencies are exempt from the notary requirement.)
CERTIFIC	ATE OF ACKNOWLEDGMENT
· · · · · · · · · · · · · · · · · · ·	ficate verifies only the identity of the individual who signed the document to not the truthfulness, accuracy, or validity of that document.
State of County of	
On	before me,
(Date) personally appeared	(Name/Title of Officer)
	ne(s) of Signer(s)
within instrument and acknowledged to me that	idence to be the person(s) whose name(s) is/are subscribed to the he/she/they executed the same in his/her/their authorized (s) on the instrument the person(s), or the entity upon behalf of which
I certify under PENALTY OF PERJURY under the lacorrect.	ws of the State of California that the foregoing paragraph is true and
Witness my Hand and Official Seal (NOTARY SEA	AL):
Signature of Notary	
Title or Type of Document  No. of Pages (Including this Acknowledgement)	Date of Document