

APPLICATION FOR CERTIFIED COPY OF CONFIDENTIAL MARRIAGE CERTIFICATE

Certified copies of PUBLIC marriage licenses are issued by the Assessor-Recorder's Office located at City Hall, Room 190, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4698. Phone: (415) 554-5596.

The County Clerk's Office only has records of CONFIDENTIAL marriage certificates ISSUED IN SAN FRANCISCO. Copies will be made available 10 BUSINESS DAYS AFTER THE LICENSE HAS BEEN RECEIVED FOR REGISTRATION. These copies are only available to the named parties on the license. Acceptable I.D. must be presented at the time of your request. Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I am one of the parties to the confidential marriage	<input type="checkbox"/> I am 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)
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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).

Fee: \$15 per copy (payable to SF County Clerk). PLEASE SUBMIT A CHECK (FROM AN USA ISSUED BANK, NO FOREIGN CHECKS), MONEY ORDER, OR CASHIER'S CHECK - DO NOT SEND CASH (Not responsible for fees paid in cash that are lost, misdirected, or undelivered). If no record is found, the \$15 fee will be retained for searching for the record (as required by law) and a "Certificate of No Record" will be issued to the applicant. There are absolutely NO refunds. Mail application and a (large) self-addressed stamped return envelope to: SF County Clerk, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)		Today's Date:	
Agency Name (if appropriate)		Agency Case No.	Purpose of Request
Print Name of Applicant		Signature of Applicant	
Mailing Address – Number, Street		Amount Enclosed DO NOT SEND CASH \$	Number of Copies
City		Email Address	
State/Province	ZIP Code	Daytime Telephone (include area code) ( )	

MARRIAGE RECORD INFORMATION (PLEASE PRINT OR TYPE)			
Date of Marriage (MM/DD/CCYY)		County Issued: SAN FRANCISCO	Was the record amended? ___Yes ___No
FIRST Name of First Person	MIDDLE Name	Last Name as listed on marriage certificate	
FIRST Name of Second Person	MIDDLE Name	Last Name as listed on marriage certificate	

-----SWORN STATEMENT-----

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, (Printed Name)  
that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c)(1) and Family Code Section 509(a), and am eligible to receive a certified copy of the marriage certificate of the following individual(s):

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

----- (The remaining information must be completed in the presence of a Notary Public or County Clerk staff.) -----

Note: **If submitting your order in person, you must sign this in the presence of County Clerk staff. If submitting your order by mail, you must have your signature on the Sworn Statement acknowledged by a Notary Public using a Certificate of Acknowledgment (provided by the notary public)\*.**  
\*Acknowledgements executed by Notaries Public outside of USA are not accepted. Sworn Statement must be taken before an Ambassador, Minister, Consul, Vice Consul, or Consular Agent of the United States, or before any Judge of a Court of record having a seal in such foreign country. (CA CCP 2014)

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

\_\_\_\_\_  
(Signature of person requesting certified copy)

FOR OFFICE	ISSUE DATE – MONTH, DAY, YEAR	LRN	OTHER/# COPIES
	BANKNOTE NUMBER	RECEIPT NUMBER	BY: _____ DEPUTY