

APPLICATION FOR REPLACEMENT CERTIFIED COPY OF A MARRIAGE CERTIFICATE

Effective January 1, 2010, California State Law, Health and Safety Code Section 103526 permits only authorized persons, as defined below, to receive **Certified Copies** of marriage records, valid to establish identity of a registrant. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

To receive a Certified Copy you must indicate your relationship to the registrant by selecting from the list below **AND** complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail or fax.

Fees: **\$15 per copy** (payable to the Sonoma County Clerk).

Please indicate the type of certified copy you are requesting:

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| <p style="text-align: center;">NON-CONFIDENTIAL (PUBLIC) MARRIAGE CERTIFICATE</p> <p>To receive a Certified Copy, I am:</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 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><input type="checkbox"/> I would like a Certified Informational Copy. I am not authorized by law to receive a Certified Copy of a non-confidential (public) marriage license. The record will be marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."</p> <p><i>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.</i></p> | <p style="text-align: center;">CONFIDENTIAL MARRIAGE CERTIFICATE</p> <p>To receive a Certified Copy, I am:</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 copy of the court order with this request).</p> <p>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).</p> |
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DO NOT complete the rest of this form before reading the detailed instructions on Page 3.

APPLICANT INFORMATION (Please print or type)

| | | | | |
|--|------------------|-----------------|------------------------------------|----------|
| Printed Name of Person Submitting Application | Signature | Today's Date | Telephone Number – Area Code First | |
| Address – Number, Street | City | | State | Zip Code |
| Name of Person Receiving Copies, if Different From Above | Number of Copies | Amount Enclosed | Purpose of Request | |
| Mailing Address for Copies, if Different from above | City | | State | Zip Code |

MARRIAGE CERTIFICATE INFORMATION – NAMES OF BOTH PARTIES TO THE MARRIAGE (Please print or type)

| | | | |
|-------------------------------------|-------------|---------------------------------|-----------------------------------|
| First Name | Middle Name | Last Name | Last Name at Birth (if different) |
| First Name | Middle Name | Last Name | Last Name at Birth (if different) |
| Date of Marriage – Month, Day, Year | | County Where License was Issued | County of Marriage |

SWORN STATEMENT

(*Required for certified copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity)

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), and that I am a victim of the Napa, Sonoma, Yuba, Butte, Lake, Mendocino, Nevada or Orange County (Tubbs, Atlas, Cherokee, LaPorte, Sulphur, Potter, Cascade, Lobo and Canyon) Fire and lost certified copies of birth, death, or marriage records as a result.

Pursuant to the Governor's Proclamations of a State of Emergency, I am eligible to receive a free 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 |
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(The remaining information must be completed in the presence of a Notary Public or County Clerk staff.)

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

 (Signature of Person requesting certified copy)

Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the certificate of acknowledgment below. If submitting your order in person, you must sign this in the presence of County Clerk staff.

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 _____) ss

On, _____, before me, _____, Notary Public, personally appeared
 (Insert your name)
 _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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)

APPLICATION FOR REPLACEMENT CERTIFIED COPY OF BIRTH RECORD

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. Certified Copies to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued Certified Informational Copies that are not valid to establish identity.

Fees: **\$28 per copy** (payable to the Sonoma County Clerk).

Please indicate the type of certified copy you are requesting:

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|---|---|
| <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 by selecting from the list below AND complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail or fax.) | <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.) |
|---|---|

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.

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

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.
- A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- 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.)
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- 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 you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)

DO NOT complete the rest of this form before reading the detailed instructions on Page 3.

APPLICANT INFORMATION (Please print or type)

| | | | | |
|--|------------------|-----------------|------------------------------------|----------|
| Printed Name of Person Submitting Application | Signature | Today's Date | Telephone Number – Area Code First | |
| Address – Number, Street | City | | State | Zip Code |
| Name of Person Receiving Copies, if Different From Above | Number of Copies | Amount Enclosed | Purpose of Request | |
| Mailing Address for Copies, if Different from above | City | | State | Zip Code |

BIRTH CERTIFICATE INFORMATION (Please print or type)

| | | | |
|--|--|--|--|
| Name on Certificate – First Name | Name on Certificate – Middle Name | Name on Certificate – Last Name | |
| City or Town of Birth | | County of Birth | |
| Date of Birth – Month, Day, Year (if unknown, enter approximate date of birth) | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Name on Certificate – Father's First Name | Name on Certificate – Father's Middle Name | Name on Certificate – Father's Last Name | |
| Name on Certificate – Mother's First Name | Name on Certificate – Mother's Middle Name | Name on Certificate – Mother's Maiden Name | |

SWORN STATEMENT

(*Required for certified copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity)

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), and that I am a victim of the Napa, Sonoma, Yuba, Butte, Lake, Mendocino, Nevada or Orange County (Tubbs, Atlas, Cherokee, LaPorte, Sulphur, Potter, Cascade, Lobo and Canyon) Fire and lost certified copies of birth, death, or marriage records as a result.

Pursuant to the Governor’s Proclamations of a State of Emergency, I am eligible to receive a free certified copy of the birth certificate of the following individual(s):

| Name of Person Listed on the Birth Certificate | Your Relationship to the Person Listed on the Birth Certificate |
|--|---|
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(The remaining information must be completed in the presence of a Notary Public or County Clerk staff.)

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

(Signature of Person requesting certified copy)

Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the certificate of acknowledgment below. If submitting your order in person, you must sign this in the presence of County Clerk staff.

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 _____) ss

On, _____, before me, _____, Notary Public, personally appeared
(Insert your name)

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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)

APPLICATION FOR REPLACEMENT CERTIFIED COPY OF DEATH RECORD

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are **not** valid to establish identity.

Fees: **\$21 per copy** (payable to the Sonoma County Clerk).

Please indicate the type of certified copy you are requesting:

| | |
|---|--|
| <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 by selecting from the list below AND complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail or fax.) | <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.) |
|---|--|

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.

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

- A parent or legal guardian of the registrant (person listed on the certificate).
- A party entitled to receive the record as a result of a court order.
- 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.)
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- 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 you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)
- An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100.

DO NOT complete the rest of this form before reading the detailed instructions on Page 3.

APPLICANT INFORMATION (Please print or type)

| | | | | | |
|--|--|------------------|-----------------|------------------------------------|----------|
| Printed Name of Person Submitting Application | | Signature | Today's Date | Telephone Number – Area Code First | |
| Address – Number, Street | | City | | State | Zip Code |
| Name of Person Receiving Copies, if Different From Above | | Number of Copies | Amount Enclosed | Purpose of Request | |
| Mailing Address for Copies, if Different from above | | City | | State | Zip Code |

DEATH CERTIFICATE INFORMATION (Please print or type)

| | | | | | | |
|--|--|-----------------------------------|--|---------------------------------|--|---------------|
| Name on Certificate – First Name | | Name on Certificate – Middle Name | | Name on Certificate – Last Name | | Sex |
| Place of Death – City or Town | | Place of Death – County | | Place of Birth | | Date of Birth |
| Date of Death – Month, Day, Year (or period of years to be searched) | | | | Social Security Number | | |
| Mother's Maiden Name | | | | Name of Spouse (of Decedent) | | |

SWORN STATEMENT

(*Required for certified copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity)

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), and that I am a victim of the Napa, Sonoma, Yuba, Butte, Lake, Mendocino, Nevada or Orange County (Tubbs, Atlas, Cherokee, LaPorte, Sulphur, Potter, Cascade, Lobo and Canyon) Fire and lost certified copies of birth, death, or marriage records as a result.

Pursuant to the Governor's Proclamations of a State of Emergency, I am eligible to receive a free certified copy of the death certificate of the following individual(s):

| Name of Person Listed on the Death Certificate | Your Relationship to the Person Listed on the Death Certificate |
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(The remaining information must be completed in the presence of a Notary Public or County Clerk staff.)

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

 (Signature of Person requesting certified copy)

Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the certificate of acknowledgment below. If submitting your order in person, you must sign this in the presence of County Clerk staff.

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 _____) ss

On, _____, before me, _____, Notary Public, personally appeared
 (Insert your name)

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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)