

AMADOR COUNTY CLERK/RECORDER & REGISTRAR OF VOTERS



KIMBERLY L. GRADY
810 Court Street
Jackson, California 95642-2132
Phone (209) 223-6468
Fax (209) 223-6204

REQUEST FOR A MARRIAGE RECORD

**** IF THIS REQUEST IS DONE BY MAIL IT MUST BE NOTARIZED ****

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Marriage Certificate.

Party A/Bride/Groom Name

First Middle Last

Party B/Bride/Groom Name

First Middle Last

Date of Marriage

Month Day Year

FEE:
\$17.00
(Fees revised 01/01/2022)
CASH, CHECK OR
MONEY ORDER ONLY

Relationship:

- Registrant
- Grandparent/Grandchild
- Sibling
- Attorney
(representing the registrant or their estate)
- Authorized by way of Statue or
Court Order (acting on behalf of the
registrant or their estate)
- Parent/Legal Guardian
- Child
- Spouse/Domestic Partner
- Law Enforcement/Government Agency
(conducting official business)

**# of copies
requested:**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Applicant's Signature _____

Print Name

**** PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE ****

Mailing Address

P.O. Box or Street Address City State Zip

Telephone Number: (____) _____
(Including area code)

STATE OF CALIFORNIA
County of _____

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

On _____ before me _____, a Notary Public,
personally appeared _____ who proved to me on the basis of satisfactory
evidence to be the person 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 official seal.

Signature _____

For Office Use Only

Local File # _____ Banknote Paper # _____ Check # _____
Date Issued/Mailed _____ Receipt # _____ Deputy _____