

AMADOR COUNTY CLERK/RECORDER & REGISTRAR OF VOTERS



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REQUEST FOR A CONFIDENTIAL MARRIAGE RECORD

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

THE APPLICANT **MUST** BE A PARTY TO THE MARRIAGE
INFORMATIONAL COPIES CANNOT BE ISSUED

of copies requested:

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

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

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)

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 CALIFORNIA
County of _____

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 _____