

INSTRUCTIONS TO COMPLETE APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A MARRIAGE CERTIFICATE (\$21.00 PER COPY) in ALAMEDA COUNTY

1	<p>Marriage Certificate Information:</p> <p>Print or type number of copies requested. Print or type party A / name of groom Print or type party B / name of bride as shown on marriage license Print or type date of marriage. Print or type city where license was purchased.</p>
2	<p>Applicant Information:</p> <p>If you ordered online at the Alameda County website, please include the 13-digit Order Confirmation Number.</p> <p>Print or type name of person ordering copy. Print or type street address where copy is to be delivered.</p> <p>We may need to contact you regarding your certificate order. Print or type telephone number of person ordering copy, including area code. Print or type email address.</p>
3	<p>Using the list below check the box next to the code section in Item #3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a marriage certificate, pursuant to California Health and Safety Code Section:</p> <p>103526(c)(2)(A) The registrant or a parent or legal guardian of the registrant. (Legal guardian must provide documentation.) (Name on marriage certificate)</p> <p>103526(c)(2)(B) 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. (Please include a copy of the court order.)</p> <p>103526(c)(2)(C) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Photo identification or a request on the agency's letterhead.)</p> <p>103526(c)(2)(D) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.</p> <p>103526(c)(2)(E) 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. (Please include documentation identifying you as executor or supporting documentation.)</p>
4	<p><u>DO NOT COMPLETE THIS PART UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGMENT IN ITEM 5.</u></p> <p>Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a marriage certificate to complete and sign a sworn statement under penalty of perjury.</p> <p>For In-Person Pickup: the person who submitted the request will be required to present official government identification and sign the statement under penalty of perjury in front of Clerk-Recorder staff.</p>
5	<p>Certificate of Acknowledgment</p> <p>Complete Items 1 to 3 on the front of this application, then take this form to a notary public. Complete and sign the sworn statement in Item 4 in the presence of the notary public. Request that the notary acknowledge your signature in the sworn statement in Item 4. Mail the original application, with Sections 4 and 5 completed, and the appropriate fee, to:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Alameda County Clerk-Recorder 1106 Madison Street Oakland, CA 94607 Telephone: 510.272.6362</p> </div> <div style="width: 45%;"> <p>For Web and Phone Requests, Fax a Completed and Notarized Statement to: Fax: 510.208.9957 or email to CROUpload@acgov.org</p> </div> </div>

Not required if picking up certificate in person.

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OF A MARRIAGE CERTIFICATE (\$21.00 PER COPY) in ALAMEDA COUNTY**

1	<u>Marriage Certificate Information</u>	Number of copies requested: _____
	Name of Party A: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> Last (Before Marriage), First Middle </div> Name of Party B: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> Last (Before Marriage), First Middle </div> Date of Marriage: _____ City Where License was Purchased: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> Month/Day/Year </div>	
2	Applicant Information <div style="text-align: right;">(If ordered online) Confirmation #: _____</div>	
	Last Name: _____ First Name: _____ Middle: _____ Home Address: _____ (P.O. Box <u>not</u> acceptable) Number and Street (APT #) City State Zip Code Shipping Address: _____ (If Different than home) Number and Street (APT #) City State Zip Code Telephone Number: _____ Email Address: _____	
3	To obtain an Unrestricted Certified Copy the applicant must be authorized under section 103526 of the Health and Safety Code. Please review and check the appropriate box below:	
	<div style="margin-bottom: 5px;"><input type="checkbox"/> The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. (Legal guardian must provide documentation.) _____</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> 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 California Family Code. (Please include a copy of the court order.)</div> <div style="margin-bottom: 5px;"><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. (Photo identification or a request on the agency's letterhead.)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> 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. (Please include documentation identifying you as executor or supporting documentation.)</div>	
4	I, _____, swear under penalty of perjury that I am an authorized person, as defined in (Print Applicant's Name) California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the marriage record identified on this application form. Sworn on _____ day of _____, 20_____, at _____ Signature: _____ (City/State/Country)	
5	<div style="display: flex;"> <div style="flex: 1;"> Acknowledgment State of _____ County of _____ On _____ before me, _____, personally appeared (name and title of the officer) _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person 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: _____ Signature of Notary Public </div> <div style="flex: 1; border: 2px solid black; padding: 5px; margin-left: 10px;"> 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. </div> </div> <div style="text-align: right; margin-top: 20px;">(Notary Seal)</div>	

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