



COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK
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RECORDER/COUNTY CLERK'S OFFICE
1600 PACIFIC HIGHWAY, RM. 273
P.O. BOX 121750, SAN DIEGO, CA 92112-1750
(619) 237-0502 - FAX (619) 531-5929

CONFIDENTIAL MARRIAGE LICENSE APPLICATION

PLEASE PRINT

GROOM

Name:
First: _____
Middle: _____
Last: _____

Date of Birth: _____

State/Country of Birth: _____

Number of Previous Marriages: _____

Last Marriage Ended By:
 Death Divorce Annulment
Date Marriage Ended: _____

Usual Occupation: _____

Kind of Business: _____

Number of Years of Education : _____

Father's
Full name: _____
State of Birth: _____

Mother's Full
Maiden name: _____
State of Birth: _____

BRIDE

Name:
First: _____
Middle: _____
Current Last: _____
Maiden: _____

Date of Birth: _____

State/Country of Birth: _____

Number of Previous Marriages: _____

Last Marriage Ended By:
 Death Divorce Annulment
Date Marriage Ended: _____

Usual Occupation: _____

Kind of Business: _____

Number of Years of Education : _____

Father's
Full name: _____
State of Birth: _____

Mother's Full
Maiden name: _____
State of Birth: _____

Residence, Business, or P.O. Box

Address: _____
City: _____
Zip Code: _____
County: _____
Mailing address: _____

Groom: Home Phone: (____) _____ - _____
Work Phone: (____) _____ - _____

Bride: Home Phone: (____) _____ - _____
Work Phone: (____) _____ - _____

AFFIDAVIT

We, the undersigned, declare that we are an unmarried man and unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief. That no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a license and certificate of confidential marriage.

and

We acknowledge that we have received the brochure titled "If There Are Children In Your Future..."

_____	____/____/____
Signature of Husband	Date
_____	____/____/____
Signature of Wife	Date

PRIVACY NOTIFICATION

Civil Code Section 1798 et seq. requires each state agency to provide this notice to individuals completing this form. The information is being requested by: Department of Health Services, Office of State Registrar, 304 S Street, Sacramento, CA 94244-0241, telephone (916)445-2684.

The information requested on this certificate is authorized and required by Division 9 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedure, and Government Code.

The completion of all items requested on this form is mandatory. Health and Safety Code Section 103775 provides that "Every person, except a parent informant for a certificate of live birth, who is responsible for supplying information who refuses or fails to furnish correctly any information in his or her possession which is required by this division, or furnishes false information affecting any certificate or record required by this division, is guilty of a misdemeanor".

The principal purpose for this vital record is:

1. To establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein for each marriage occurring in the State of California.
2. To provide individuals with certified copies from the records to serve their personal needs, such as securing passports, and applying for social security or death benefits.
3. To provide information to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.
4. This information is also provided to National Center for Health Statistics for compiling national statistics reports.

The record shall be open for examination during regularly scheduled office hours, except when access is specifically prohibited by statute or regulations.

NOTE: Public access to confidential marriage licenses is prohibited by law (Civil Code Section 4213).