



SANTA BARBARA COUNTY CLERK-RECORDER

APPLICATION FOR MARRIAGE CERTIFICATE

Applications for certified copies of marriage records can be submitted in **THREE (3)** ways:

<u>IN PERSON:</u>	<u>BY MAIL:</u>	<u>BY FAX:</u>
\$15.00 per copy at either of our two (2) offices.	\$17.00 First Class Mail <u>or</u> \$38.50 USPS Express mail.	\$45.50 delivered via USPS Express mail
<p style="text-align: center;">Hall of Records 1100 Anacapa Street Santa Barbara, CA 93101</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Betteravia Government Center 511 East Lakeside Parkway #115 Santa Maria, CA 93455</p> <p>Please fill out the application and be prepared to show government-issued photo ID.</p> <p>All records from 1972-present may be obtained immediately. All previous records may have a wait time of 1-2 days.</p> <p>NOTE: If you were married in the last 3 weeks, your license may not be recorded yet.</p>	<p style="text-align: center;">First Class Mail Santa Barbara County Clerk-Recorder P. O. Box 159 Santa Barbara, CA 93102-0159</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Courier Service (FedEx, UPS, etc) Santa Barbara County Clerk-Recorder 1100 Anacapa St, Hall of Records Santa Barbara, CA 93101</p> <p style="text-align: center;">Add \$15.00 per additional copy.</p> <p>Sworn statement and acknowledgment must be properly filled out. Requests are processed in 7-10 business days if all requirements are met.</p> <p style="text-align: center;">Please do not mail cash.</p>	<p style="text-align: center;">(805) 568-2266</p> <p style="text-align: center;">Add \$15.00 per additional copy.</p> <p>Sworn statement and acknowledgment must be properly filled out.</p> <p>Requests are processed in 1-3 business days if all requirements are met.</p>

Our office only has records of marriage licenses issued in Santa Barbara County, regardless of where the wedding ceremony took place. If no record of the marriage is found, the fee will be retained for the search and a Certificate of No Record Found will be issued. (Health and Safety Code 103650)

Our office accepts cash, checks, money orders, and credit cards (No American Express).
 Please make check payable to: Santa Barbara County Recorder.

PHONE: (805) 568-2250 | www.sbcrecorder.com

BEGIN APPLICATION HERE:

1	RETURN OPTIONS FOR MAILED-IN REQUESTS ONLY (Choose one): <div style="display: flex; justify-content: space-around;"> Standard ground USPS Express delivery International (you must include prepaid shipping label) </div> <p style="text-align: center; font-size: small;">*****NOTE: ALL FAXED IN REQUESTS WILL BE RETURNED BY EXPRESS MAIL ONLY*****</p>
2	MARRIAGE RECORD INFORMATION – Please list the names of BOTH PARTIES <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Middle Name – as listed prior to ceremony Last Name – as listed prior to ceremony </div> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Middle Name – as listed prior to ceremony Last Name – as listed prior to ceremony </div> <p>Date of Marriage: _____ <small>(if unknown, enter approximate date)</small></p> <p>NOTE: County where license was issued must be Santa Barbara County, which may be different from the county of marriage.</p>

PLEASE CONTINUE APPLICATION ON NEXT PAGE →

Trans# _____

In an effort to reduce identity theft, California Health and Safety Code 103526 permits only authorized persons as defined below to receive certified AUTHORIZED copies of marriage records. Those who are not authorized by law to receive a certified authorized copy will receive a certified INFORMATIONAL copy marked:
"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"

3	I am requesting a Certified AUTHORIZED copy	I am requesting a Certified INFORMATIONAL copy SIGN HERE: _____ You may skip to #5
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PUBLIC LICENSE To receive a certified authorized copy I am:

One of the parties to the marriage

A parent, legal guardian, child, grandparent, grandchild, sibling, current spouse, or domestic partner of one of the registrants (Legal guardians must provide documentation.)

A party entitled to receive the record as a result of a court order (Please include a copy of the court order.)

A member of a law enforcement agency or other governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)

An attorney representing the registrant/registrant's estate, or any person/agency empowered by statute or appointed by a court to act on behalf of the registrant/registrant's estate (Please include supporting documentation identifying you as executor.)

CONFIDENTIAL LICENSE To receive a certified authorized copy I am:

One of the parties to the confidential marriage

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)


The County Clerk may conduct a search for a confidential marriage record for the purpose of confirming the existence of a marriage, but the date of the marriage and any other information contained in the certificate shall not be disclosed except upon order of the court per Family Code Section 511(c).

Informational copies are not available for confidential (non-public) marriages.

4	This is my Marriage Record <u>OR</u>	I am the person's _____ (ex. Parent, Attorney, etc.)
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5	Requested by:					
Name: _____	Date: _____	No. of Copies: _____				
Agency (if Applicable): _____						
Address: _____						
City/State/Zip: _____						
Phone number: _____						
Email address: _____						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Mail To (if different):</td> </tr> <tr> <td style="padding: 5px;">Name: _____</td> </tr> <tr> <td style="padding: 5px;">Address: _____</td> </tr> <tr> <td style="padding: 5px;">City/State/ZIP: _____</td> </tr> </table>			Mail To (if different):	Name: _____	Address: _____	City/State/ZIP: _____
Mail To (if different):						
Name: _____						
Address: _____						
City/State/ZIP: _____						

FOR CERTIFIED AUTHORIZED COPIES ONLY (NOT REQUIRED FOR INFORMATIONAL COPIES):

6		<p>STOP! YOU MUST COMPLETE THIS SECTION IN FRONT OF COUNTY CLERK STAFF <u>OR</u> A NOTARY PUBLIC</p> <p>I, _____ declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct.</p> <p style="text-align:center; font-size: small;">(Printed name)</p> <p>Signature: _____ Date: _____ City/State: _____</p>
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7	CERTIFICATE OF ACKNOWLEDGMENT – TO BE COMPLETED BY A NOTARY PUBLIC	Not required for Law Enforcement
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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 _____

On _____ before me, _____, Notary Public, personally
(Date) (Printed Name of Officer) (Title of Officer)

appeared _____, who proved to me on the
(Name of Requestor)

basis of satisfactory evidence to be the person(s) 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 and official seal.

Signature _____
(Officer signature)

Printed name of notary: _____

Commission number: _____ Date of expiration: _____ (Seal)

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor
Registrar of Voters



Hall of Records
1100 Anacapa St.
Santa Barbara, CA 93101

Mailing Address:
PO Box 159
Santa Barbara, CA 93102

MELINDA GREENE
Chief Deputy Clerk-Recorder

**COUNTY CLERK, RECORDER AND ASSESSOR
CLERK-RECORDER DIVISION**

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM
VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____

Phone #: (_____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp Date:** ____ / ____
(American Express Not Accepted)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (_____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

<p>OFFICE USE ONLY</p> <p>Transaction #: _____</p>
