

JOSEPH E. HOLLAND
County Clerk-Recorder

MELINDA GREENE
Chief Deputy Clerk-Recorder



Hall of Records
1100 Anacapa Street
Santa Barbara, CA 93101

Mailing Address:
PO Box 159
Santa Barbara, CA 93102-0159

OFFICE OF THE SANTA BARBARA COUNTY CLERK-RECORDER

Marriage Appointment Request

Non-Refundable Reservation Fee: \$23.00 | Please allow 48 hours to process the application.
We do not make appointments more than 90 days in advance of your requested date.

Party A Full Name: _____

Party B Full Name: _____

Ceremony Language Preference: English Spanish

IMPORTANT: A marriage license must be obtained prior to, or at the time of, your scheduled ceremony appointment. It is your responsibility to ensure that you have a valid marriage license and meet all of the marriage requirements prior to your ceremony.

Yes No

You must have a California Marriage License at the time of your ceremony. Do you wish to purchase a Marriage License from Santa Barbara County at the time of your scheduled appointment?

Yes No

At least one Witness is required for a Regular Marriage ceremony. One can be provided. Do you require our office to provide a witness for an additional \$51.00 fee?

Location:

Santa Barbara: 1100 Anacapa Street, Hall of Records, Santa Barbara CA 93101

Santa Maria: 511 E. Lakeside Parkway Suite 115, Santa Maria CA 93455-1341

Date:

Preference #1: Date _____

Time (select **one**): 9:00 AM 10:00 AM 11:00 AM 2:00 PM 3:00 PM

Preference #2: Date _____

Time (select **one**): 9:00 AM 10:00 AM 11:00 AM 2:00 PM 3:00 PM

Please Note: If you have reserved a County Courthouse venue through County Parks Dept, receipt of the reservation is required at the time of the ceremony.

Your appointment is not guaranteed until your payment has been processed and you have received a confirmation email with the date, time, and rules governing your marriage appointment. If your requested appointment date/time is not available, you will be contacted via email with alternative appointment dates/times.

Applicant Name: _____

Phone #: _____

Email Address: _____

Options for returning this form:

- **Fax:** (805) 568-2266 with attached credit card authorization form.
- **Mail:** PO Box 159, Santa Barbara CA 93102 with check or attached credit card authorization form.
- **In person** at our Santa Barbara or Santa Maria location.

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



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**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>
