



# COUNTY OF SAN DIEGO

GREGORY J. SMITH  
ASSESSOR/RECORDER/COUNTY CLERK

Internet: <http://www.sdarcc.com>



ASSESSOR'S OFFICE  
1600 PACIFIC HIGHWAY, RM. 103  
SAN DIEGO, CA 92101-2480  
(619) 236-3771 - FAX (619) 557-4056

RECORDER/COUNTY CLERK'S OFFICE  
1600 PACIFIC HIGHWAY, RM. 273  
RO. BOX 121750, SAN DIEGO, CA 92112-1750  
(619) 237-0502 - FAX (619) 557-4155

## PUBLIC MARRIAGE LICENSE APPLICATION

PLEASE PRINT

**GROOM**  
**Name:**  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Last: \_\_\_\_\_

**BRIDE**  
**Name:**  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Current Last: \_\_\_\_\_  
Maiden: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Residence:**  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
County: \_\_\_\_\_

**Residence:**  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
County: \_\_\_\_\_

**State/Country of Birth:** \_\_\_\_\_

**State/Country of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Number of Previous Marriages:** \_\_\_\_\_

**Number of Previous Marriages:** \_\_\_\_\_

**Last Marriage Ended By:**  
 Death  Divorce  Annulment  
Date Marriage Ended: \_\_\_\_\_

**Last Marriage Ended By:**  
 Death  Divorce  Annulment  
Date Marriage Ended: \_\_\_\_\_

**Usual Occupation:** \_\_\_\_\_

**Usual Occupation:** \_\_\_\_\_

**Kind of Business:** \_\_\_\_\_

**Kind of Business:** \_\_\_\_\_

**Highest School Grade or College Completed:** \_\_\_\_\_

**Highest School Grade or College Completed:** \_\_\_\_\_

**Father's**  
Full name: \_\_\_\_\_  
State of Birth: \_\_\_\_\_

**Father's**  
Full name: \_\_\_\_\_  
State of Birth: \_\_\_\_\_

**Mother's Full**  
Maiden name: \_\_\_\_\_  
State of Birth: \_\_\_\_\_

**Mother's Full**  
Maiden name: \_\_\_\_\_  
State of Birth: \_\_\_\_\_

**Groom:** Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Bride:** Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## AFFIDAVIT

**We, the undersigned, an unmarried man and unmarried woman, declare that the foregoing information is correct and true 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 marriage.**

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

Signature of Groom	____/____/____ Date
Signature of Bride	____/____/____ 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 certification is authorized and required by Division 9 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedures, 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 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 the National Center for Health Statistics for compiling national statistical reports.

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