

**SANTA BARBARA COUNTY CLERK RECORDER  
APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD**



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

**IN PERSON: \$15.00 per copy in either of our (2) offices.**

Please fill out the application and sworn statement and be prepared to show government issued photo ID.  
All records from 1972 to the present can immediately be obtained over the counter.  
All previous records may have a wait time of between 15 minutes to one day.

NOTE: If you have been married within the last three (3) weeks, your license may not be recorded yet.

**Physical Addresses:**

**Santa Barbara County Recorder**  
Hall of Records, County Courthouse  
1100 Anacapa Street  
Santa Barbara, CA 93101  
(805) 568-2250

**Santa Maria Government Center**  
511 East Lakeside Parkway #115  
Santa Maria, CA. 93455  
(805) 346-8370

**BY MAIL: \$17.00 First Class Mail or \$38.50 U.S. Post Office express delivery mail.**

Note: Add \$15.00 per additional copy.  
Sworn statement and acknowledgment must be properly filled out.  
Requests are processed within 7-10 business days if all requirements are met.

**Mailing Address:**

Santa Barbara County Recorder  
P. O. Box 159  
Santa Barbara, CA 93102-0159

**FAXED IN: \$45.50 and delivered U.S. Post Office express delivery mail.**

Note: Add \$15.00 per additional copy.  
Sworn statement and acknowledgment must be properly filled out.  
Requests are processed between 1-3 business days if all requirements are met.

**FAX NUMBER: (805) 568-2266**

For more information, please visit our website [www.sbcrecorder.com](http://www.sbcrecorder.com)

**SANTA BARBARA COUNTY CLERK AND RECORDER  
APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD**

The California Health and Safety Code, section 103526, permits only authorized persons as defined below to receive authorized certified copies of marriage records. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked:

**“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

**MAILED IN  
REQUESTS:**

\*\*\*\*\*NOTE: ALL FAXED IN REQUESTS WILL BE RETURNED BY: EXPRESS MAIL ONLY\*\*\*\*\*

First class (standard ground)       Express Mail (U. S. Postal Service Express delivery)

PLEASE CHOOSE ONE (1) OF THE FOLLOWING OPTIONS:

**Non-confidential (public) marriage certificate:**

To receive a Certified Authorized Copy I am:

- The registrant (one of the parties to the marriage.)
- A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant (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 a representative of another 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 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 a copy of the power of attorney or supporting documentation identifying you as executor.)

I request a Certified Informational Copy:

**Those who are not authorized by law to receive a certified copy of a non-confidential (public) marriage record will receive a certified copy marked “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”**

**Confidential (non-public) marriage certificate:**

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 certificate 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. Family Code Section 511(c).**

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

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE)**

Printed Name of Applicant		Signature of Applicant		Today's Date	
Telephone Number – Area Code First (      )		Email Address			
Address – Number, Street		City	State	ZIP Code	
(IF FAXED OR MAILED) Recipient, if different from applicant		No. of Copies	Amount Enclosed	Purpose of Request	
Mailing Address for Copies, If Different From Above		City	State	ZIP Code	

**NAMES OF BOTH PARTIES TO THE MARRIAGE (PLEASE PRINT OR TYPE)**

First Name	Middle Name as listed prior to the ceremony	Last Name as listed prior to the ceremony
First Name	Middle Name as listed prior to the ceremony	Last Name as listed prior to the ceremony
Date of Marriage – Month, Day, Year	County Where License was Issued	County of Marriage

**PLEASE COMPLETE THE NEXT PAGE**

**SWORN STATEMENT**

**(\*Required for certified authorized copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity)**

**\*Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business must complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am  
(Printed Name of Applicant)  
an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the marriage certificate of the following individual(s):

Name of Both Parties as listed prior to the ceremony	Your Relationship to the Parties Listed on the Marriage Certificate (I.E. Self or Spouse)

(The remaining information must be completed in the presence of a Notary Public or County Clerk and Recorder staff.)

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) (City) (State)



YOU MUST SIGN IN FRONT OF A NOTARY PUBLIC OR COUNTY CLERK STAFF

\_\_\_\_\_  
(Signature of person requesting certified copy)

**Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the Certificate of Acknowledgment below.**

**CERTIFICATE OF ACKNOWLEDGMENT**

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, \_\_\_\_\_,  
(insert name of Officer) (Title of Officer), personally

appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.  
(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE

**YOU MUST COMPLETE THE CREDIT CARD AUTHORIZATION FORM WHEN MAILING YOUR REQUEST AND PAYING FEES WITH A CREDIT CARD OR WHEN FAXING IN YOUR EXPEDITED REQUEST**

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