

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

CERTIFICATE OF REGISTRY OF MARRIAGE (PERSONAL DATA, LICENSE TO MARRY, CERTIFICATION OF MARRIAGE) USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES									
STATE FILE NUMBER					LOCAL REGISTRAR'S NUMBER				
GROOM PERSONAL DATA	1a. NAME OF GROOM—FIRST NAME			1b. MIDDLE NAME		1c. LAST NAME			
	3. AGE (LAST BIRTHDAY)		4. NUMBER OF THIS MARRIAGE		5a. DATE LAST MARRIAGE ENDED		5b. LAST MARRIAGE ENDED BY		6. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
	7a. RESIDENCE OF GROOM—STREET ADDRESS		7b. CITY OR TOWN		7c. COUNTY (IF OUTSIDE CALIFORNIA, ENTER STATE)				
	8a. PRESENT OR LAST OCCUPATION			8b. KIND OF INDUSTRY OR BUSINESS			9. HIGHEST SCHOOL GRADE COMPLETED		
	10a. NAME OF FATHER OF GROOM			10b. BIRTHPLACE OF FATHER			10c. BIRTHPLACE OF MOTHER		
BRIDE PERSONAL DATA	12a. NAME OF BRIDE—FIRST NAME			12b. MIDDLE NAME		12c. LAST NAME			
	14. AGE (LAST BIRTHDAY)		15. NUMBER OF THIS MARRIAGE		16a. DATE LAST MARRIAGE ENDED		16b. LAST MARRIAGE ENDED BY		17. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
	18a. RESIDENCE OF BRIDE—STREET ADDRESS		18b. CITY OR TOWN		18c. COUNTY (IF OUTSIDE CALIFORNIA, ENTER STATE)				
	19a. PRESENT OR LAST OCCUPATION			19b. KIND OF INDUSTRY OR BUSINESS			20. HIGHEST SCHOOL GRADE COMPLETED		
	22a. NAME OF FATHER OF BRIDE			22b. BIRTHPLACE OF FATHER			23a. BIRTH NAME OF MOTHER OF BRIDE		
AFFIDAVIT OF BRIDE AND GROOM	WE, THE BRIDE AND GROOM NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US, AND HEREBY APPLY FOR LICENSE TO MARRY.								
	24a. BRIDE (SIGNATURE)					24b. GROOM (SIGNATURE)			
LICENSE TO MARRY	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS, REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.								
	25a. SUBSCRIBED AND SWORN TO BEFORE ME ON		25b. DATE LICENSE ISSUED		25c. EXPIRATION DATE		25d. COUNTY CLERK		
WITNESSES	26a. SIGNATURE OF WITNESS			26b. ADDRESS OF WITNESS—STREET ADDRESS			26c. ADDRESS OF WITNESS—CITY OR TOWN AND STATE		
	27a. SIGNATURE OF WITNESS			27b. ADDRESS OF WITNESS—STREET ADDRESS			27c. ADDRESS OF WITNESS—CITY OR TOWN AND STATE		
CERTIFICATION OF PERSON PERFORMING CEREMONY	28. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA					29a. SIGNATURE OF PERSON PERFORMING CEREMONY AND OFFICIAL TITLE			
	ON _____ MONTH _____ DAY _____ 19____ YEAR					29b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT)			
	AT _____ CITY OR TOWN _____ COUNTY _____ CALIFORNIA					29c. DENOMINATION IF PRIEST, MINISTER OR RABBI			
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	30. DATE ACCEPTED FOR REGISTRATION					31. LOCAL REGISTRAR—SIGNATURE			

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

86 96697 VS-117A (7/86)

VS 117A
Rev. 7/86

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

LICENSE AND CERTIFICATE OF DECLARATION OF MARRIAGE						
STATE FILE NUMBER			LOCAL REGISTRATION NUMBER			
GROOM/ HUSBAND PERSONAL DATA	1A. NAME OF GROOM/HUSBAND—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)	
	2. DATE OF BIRTH—MONTH, DAY, YEAR		3A. RESIDENCE—STREET AND NUMBER		3B. CITY	
	3C. ZIP CODE		3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE		4. STATE OF BIRTH	
	5. MAILING ADDRESS—IF DIFFERENT		6. NUMBER OF PREVIOUS MARRIAGES		7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT	
	8A. USUAL OCCUPATION		8B. USUAL KIND OF BUSINESS OR INDUSTRY		8. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17*)	
BRIDE/WIFE PERSONAL DATA	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER	
	11B. STATE OF BIRTH		12A. NAME OF BRIDE/WIFE—FIRST (GIVEN)		12B. MIDDLE	
	12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY), IF DIFFERENT THAN 12C		13. DATE OF BIRTH—MONTH, DAY, YEAR	
	14A. RESIDENCE—STREET AND NUMBER		14B. CITY		14C. ZIP CODE	
	14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE		15. STATE OF BIRTH			
LICENSE TO MARRY AND TO DECLARE MARRIAGE	16. MAILING ADDRESS—IF DIFFERENT		17. NUMBER OF PREVIOUS MARRIAGES		18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT	
	18B. DATE—MONTH, DAY, YEAR		19A. USUAL OCCUPATION		19B. USUAL KIND OF BUSINESS OR INDUSTRY	
	20. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17*)		21A. FULL NAME OF FATHER		21B. STATE OF BIRTH	
	22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH			
	23A. ISSUE DATE—MONTH, DAY, YEAR		23B. LICENSE NO.		23C. LICENSE EXPIRES—MONTH, DAY, YEAR	
23D. COUNTY OF ISSUE		23E. SIGNATURE OF COUNTY CLERK				
WE, THE UNDERSIGNED, DECLARE 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 DECLARATION OF MARRIAGE.						
24A. SIGNATURE OF GROOM/HUSBAND			24B. SIGNATURE OF BRIDE/WIFE			
AFFIDAVIT CHECK THE APPROPRIATE BOX AND COMPLETE THE REQUIRED INFORMATION	25A. ☐ WE, THE ABOVE-NAMED PERSONS, HEREBY CERTIFY THAT WE WERE JOINED IN MARRIAGE ON _____ MONTH _____ DAY _____ YEAR IN _____ CITY _____ COUNTY _____, CALIFORNIA, IN ACCORDANCE WITH THE RULES AND CUSTOMS OF OUR RELIGIOUS SOCIETY OR DENOMINATION (_____) AND IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.					
	OR					
	25B. ☐ WE, THE ABOVE-NAMED PERSONS, HEREBY CERTIFY THAT WE WERE JOINED IN MARRIAGE ON _____ MONTH _____ DAY _____ YEAR IN _____ CITY _____ COUNTY _____, CALIFORNIA, IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.					
	26A. SIGNATURE OF GROOM/HUSBAND			26B. SIGNATURE OF BRIDE/WIFE		
	27A. SIGNATURE OF WITNESS			27B. ADDRESS—STREET AND NUMBER		
WITNESSES TO THE MARRIAGE (TWO REQUIRED)	27C. CITY, STATE AND ZIP CODE					
	28A. SIGNATURE OF WITNESS			28B. ADDRESS—STREET AND NUMBER		
28C. CITY, STATE AND ZIP CODE						
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	29. SIGNATURE OF LOCAL REGISTRAR			30. DATE ACCEPTED FOR REGISTRATION—MONTH, DAY, YEAR		

VS 116
Rev. 1/89

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

STATE FILE NUMBER		LICENSE AND CERTIFICATE OF MARRIAGE MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS				LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH—MONTH, DAY, YEAR		
	3A. RESIDENCE—STREET AND NUMBER	3B. CITY		3C. ZIP CODE	3D. COUNTY— OUTSIDE CALIFORNIA, ENTER STATE	4. STATE OF BIRTH	
	5. MAILING ADDRESS—IF DIFFERENT	6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		7B. DATE—MONTH, DAY, YEAR		
	8A. USUAL OCCUPATION	8B. USUAL KIND OF BUSINESS OR INDUSTRY		9. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17)			
	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH		
BRIDE PERSONAL DATA	12A. NAME OF BRIDE—FIRST (GIVEN)	12B. MIDDLE	12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) IF DIFFERENT FROM 12C	13. DATE OF BIRTH MONTH, DAY, YEAR	
	14A. RESIDENCE—STREET AND NUMBER	14B. CITY		14C. ZIP CODE	14D. COUNTY— OUTSIDE CALIFORNIA, ENTER STATE	15. STATE OF BIRTH	
	16. MAILING ADDRESS—IF DIFFERENT	17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		18B. DATE—MONTH, DAY, YEAR		
	19A. USUAL OCCUPATION	19B. USUAL KIND OF BUSINESS OR INDUSTRY		20. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17)			
	21A. FULL NAME OF FATHER	21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH		
AFFIDAVIT	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE 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.						
	23. SIGNATURE OF GROOM			24. SIGNATURE OF BRIDE			
LICENSE TO MARRY	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.						
	25A. ISSUE DATE MONTH, DAY, YEAR	25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR	25C. LICENSE NUMBER		25D. COUNTY OF ISSUE		
WITNESS(ES) ONE REQUIRED	26A. SIGNATURE OF WITNESS		26B. ADDRESS—STREET AND NUMBER		26C. CITY, STATE AND ZIP CODE		
	27A. SIGNATURE OF WITNESS		27B. ADDRESS—STREET AND NUMBER		27C. CITY, STATE AND ZIP CODE		
CERTIFICATION OF PERSON SOLEMNIZING CEREMONY	28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.			29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		29B. RELIGIOUS DENOMINATION (IF CLERGY)	
	ON _____ MONTH _____ DAY _____ 19____ YEAR			29C. NAME AND OFFICIAL TITLE OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)			
	AT _____ CITY OR TOWN _____ COUNTY _____ CALIFORNIA			29D. MAILING ADDRESS AND ZIP CODE			
LOCAL REGISTRAR OF MARRIAGES COUNTY RECORDER	30. SIGNATURE OF LOCAL REGISTRAR				31. DATE ACCEPTED FOR REGISTRATION		

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

88 85386 VS-117 (REV. 7/89)

VS 117
Rev. 1/89

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

**LICENSE AND CERTIFICATE OF MARRIAGE
FOR DENOMINATIONS NOT HAVING CLERGY**
MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
	2. DATE OF BIRTH—MONTH, DAY, YEAR		
	3A. RESIDENCE—STREET AND NUMBER	3B. CITY	3C. ZIP CODE
	3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	4. STATE OF BIRTH	
	5. MAILING ADDRESS—IF DIFFERENT	6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT
8A. USUAL OCCUPATION	8B. USUAL KIND OF BUSINESS OR INDUSTRY	9. EDUCATION - YEARS COMPLETED	
10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
BRIDE PERSONAL DATA	12A. NAME OF BRIDE—FIRST (GIVEN)	12B. MIDDLE	12C. CURRENT LAST (FAMILY)
	12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)		13. DATE OF BIRTH—MONTH, DAY, YEAR
	14A. RESIDENCE—STREET AND NUMBER	14B. CITY	14C. ZIP CODE
	14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	15. STATE OF BIRTH	
	16. MAILING ADDRESS—IF DIFFERENT	17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT
19A. USUAL OCCUPATION	19B. USUAL KIND OF BUSINESS OR INDUSTRY	20. EDUCATION - YEARS COMPLETED	
21A. FULL NAME OF FATHER	21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER	22B. STATE OF BIRTH
AFFIDAVIT OF GROOM AND BRIDE	23A. ISSUE DATE—MONTH, DAY, YEAR	23B. LICENSE NO.	23C. LICENSE EXPIRES—MONTH, DAY, YEAR
	23D. COUNTY OF ISSUE		23E. NAME OF COUNTY CLERK
	We, the undersigned, an unmarried man and unmarried woman, state 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 for Denominations Not Having Clergy.		23F. SIGNATURE OF ISSUING CLERK
CERTIFI- CATION	24A. SIGNATURE OF GROOM		24B. SIGNATURE OF BRIDE
	25. WE, THE ABOVE-NAMED PERSONS, HEREBY CERTIFY THAT WE WERE JOINED IN MARRIAGE ON _____ MONTH _____ DAY _____ YEAR IN _____ CITY _____ COUNTY, CALIFORNIA, IN ACCORDANCE WITH THE RULES AND CUSTOMS OF OUR RELIGIOUS SOCIETY OR DENOMINATION (_____) AND IN ACCORDANCE WITH CIVIL CODE SECTION 4216. RELIGIOUS SOCIETY OR DENOMINATION		
	26A. SIGNATURE OF GROOM		26B. SIGNATURE OF BRIDE
WITNESSES TO THE MARRIAGE (TWO REQUIRED)	27A. SIGNATURE OF WITNESS	27B. ADDRESS—STREET AND NUMBER	27C. CITY, STATE AND ZIP CODE
	28A. SIGNATURE OF WITNESS	28B. ADDRESS—STREET AND NUMBER	28C. CITY, STATE AND ZIP CODE
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	29A. SIGNATURE OF LOCAL REGISTRAR	29B. SIGNATURE OF DEPUTY (IF APPLICABLE)	30. DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

88 88519 VS-115 (6/90)

VS 115
Rev. 6/90

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK



LICENSE AND CERTIFICATE OF DECLARATION OF MARRIAGE

MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
HUSBAND PERSONAL DATA	1A. NAME OF HUSBAND—FIRST (GIVEN)		1B. MIDDLE
	1C. LAST (FAMILY)		2. DATE OF BIRTH—MONTH, DAY, YEAR
	3A. RESIDENCE—STREET AND NUMBER		3B. CITY
	3C. ZIP CODE	3D. COUNTY—OUTSIDE CALIFORNIA ENTER STATE	
	4. STATE OF BIRTH		
WIFE PERSONAL DATA	5. MAILING ADDRESS—IF DIFFERENT		6. NUMBER OF PREVIOUS MARRIAGES
	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		7B. DATE—MONTH, DAY, YEAR
	8A. USUAL OCCUPATION		8B. USUAL KIND OF BUSINESS OR INDUSTRY
	9. EDUCATION - YEARS COMPLETED		
	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH
AFFIDAVIT OF HUSBAND AND WIFE	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
	12A. NAME OF WIFE—FIRST (GIVEN)		12B. MIDDLE
	12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 12C
	13. DATE OF BIRTH—MONTH, DAY, YEAR		14A. RESIDENCE—STREET AND NUMBER
	14B. CITY		14C. ZIP CODE
CERTIFI- CATION	14D. COUNTY—OUTSIDE CALIFORNIA ENTER STATE		15. STATE OF BIRTH
	16. MAILING ADDRESS—IF DIFFERENT		17. NUMBER OF PREVIOUS MARRIAGES
	18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		18B. DATE—MONTH, DAY, YEAR
	19A. USUAL OCCUPATION		19B. USUAL KIND OF BUSINESS OR INDUSTRY
	20. EDUCATION - YEARS COMPLETED		21A. FULL NAME OF FATHER
WITNESSES TO THE MARRIAGE (TWO REQUIRED)	21B. STATE OF BIRTH		22A. FULL MAIDEN NAME OF MOTHER
	22B. STATE OF BIRTH		23A. ISSUE DATE MONTH, DAY, YEAR
	23B. LICENSE NO.		23C. LICENSE EXPIRES MONTH, DAY, YEAR
	23D. COUNTY OF ISSUE		23E. NAME OF COUNTY CLERK
	23F. SIGNATURE OF ISSUING CLERK		
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	24A. SIGNATURE OF HUSBAND		24B. SIGNATURE OF WIFE
	25. WE, THE ABOVE-NAMED PERSONS, HEREBY CERTIFY THAT WE WERE JOINED IN MARRIAGE ON _____ MONTH _____ DAY _____ YEAR IN _____ CITY _____ COUNTY, CALIFORNIA, IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA		
	26A. SIGNATURE OF HUSBAND		26B. SIGNATURE OF WIFE
	27A. SIGNATURE OF WITNESS		27B. ADDRESS—STREET AND NUMBER
	27C. CITY, STATE AND ZIP CODE		28A. SIGNATURE OF WITNESS
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	28B. ADDRESS—STREET AND NUMBER		28C. CITY, STATE AND ZIP CODE
	29A. SIGNATURE OF LOCAL REGISTRAR		29B. SIGNATURE OF DEPUTY (IF APPLICABLE)
	30. DATE ACCEPTED FOR REGISTRATION		

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

89 58560 VS-116 (5/90)

VS 116
Rev. 6/90

APPLICATION TO AMEND A MARRIAGE RECORD

USE BLACK INK
NO ERASURES, WHITEOUTS, OR ALTERATIONS
INSTRUCTIONS ON BACK

If an acceptable application to amend the record is registered within one year of the date of the event, there is no processing fee, however, there is a fee required for a certified copy.

If an acceptable application to amend the record is registered one year or more after the date of the event, there is a fee for filing the affidavit, which includes one certified copy. There is a fee for each additional certified copy.

Enclosed is the fee of \$_____ for filing the affidavit which includes one certified copy of the newly amended record.

Enclosed is the fee of \$_____ for an additional certified copy(ies) of the newly amended record.

Printed Name of Applicant _____ Mailing Address of Applicant _____
() _____
Area Code Telephone Number City State ZIP Code

AFFIDAVIT TO AMEND A MARRIAGE RECORD

☐ PUBLIC ☐ CONFIDENTIAL ☐ DECLARED

NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT LEGIBLY

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME OF GROOM/HUSBAND—FIRST GIVEN	1B. MIDDLE	1C. LAST (FAMILY)
	2A. NAME OF BRIDE/WIFE—FIRST GIVEN	2B. MIDDLE	2C. LAST (FAMILY)
	3. DATE OF MARRIAGE—MONTH, DAY, YEAR		
			4. COUNTY IN WHICH THE LICENSE WAS ISSUED

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	5. CERTIFICATE ITEM NUMBER	6A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	6B. INFORMATION AS IT SHOULD APPEAR

REASON FOR CORRECTION _____

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	8A. SIGNATURE OF FIRST PERSON	8B. TITLE/RELATIONSHIP TO PERSON IN PART I	8C. DATE SIGNED
	8D. AGE	8E. ADDRESS (STREET, CITY, STATE, ZIP)	
	9A. SIGNATURE OF SECOND PERSON	9B. TITLE/RELATIONSHIP TO PERSON IN PART I	9C. DATE SIGNED
	9D. AGE	9E. ADDRESS (STREET, CITY, STATE, ZIP)	

STATE/LOCAL REGISTRAR USE ONLY	10. SIGNATURE OF STATE OR LOCAL REGISTRAR	11. DATE ACCEPTED FOR REGISTRATION
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STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24C (7/91)
91 41050

VS 24C
Rev. 7/91

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

STATE FILE NUMBER		LICENSE AND CERTIFICATE OF MARRIAGE MUST BE LEGIBLE—MAKE NO ERASURES, WHITOUTS, OR OTHER ALTERATIONS				LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH—MONTH, DAY, YEAR		
	3A. RESIDENCE—STREET AND NUMBER		3B. CITY	3C. ZIP CODE	3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	4. STATE OF BIRTH	
	5. MAILING ADDRESS—IF DIFFERENT		6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		7B. DATE—MONTH, DAY, YEAR	
	8A. USUAL OCCUPATION		8B. USUAL KIND OF BUSINESS OR INDUSTRY		9. EDUCATION—YEARS COMPLETED		
	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
BRIDE PERSONAL DATA	12A. NAME OF BRIDE—FIRST (GIVEN) 12B. MIDDLE		12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)		13. DATE OF BIRTH—MONTH, DAY, YEAR
	14A. RESIDENCE—STREET AND NUMBER		14B. CITY	14C. ZIP CODE	14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	15. STATE OF BIRTH	
	16. MAILING ADDRESS—IF DIFFERENT		17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		18B. DATE—MONTH, DAY, YEAR	
	19A. USUAL OCCUPATION		19B. USUAL KIND OF BUSINESS OR INDUSTRY		20. EDUCATION—YEARS COMPLETED		
	21A. FULL NAME OF FATHER		21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH	
WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE 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 A CERTIFICATE OF MARRIAGE. 23. SIGNATURE OF GROOM 24. SIGNATURE OF BRIDE							
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE. 25A. ISSUE DATE MONTH, DAY, YEAR 25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR 25C. LICENSE NUMBER 25D. COUNTY OF ISSUE 25E. NAME OF COUNTY CLERK 25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE) BY _____ DEPUTY							
26A. SIGNATURE OF WITNESS 26B. ADDRESS—STREET AND NUMBER 26C. CITY, STATE AND ZIP CODE 27A. SIGNATURE OF WITNESS 27B. ADDRESS—STREET AND NUMBER 27C. CITY, STATE AND ZIP CODE							
28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA ON _____ MONTH _____ DAY _____ 19 ____ YEAR AT _____ CITY OR TOWN _____ COUNTY _____ CALIFORNIA 29A. SIGNATURE OF PERSON SOLEMNIZES MARRIAGE 29B. RELIGIOUS DENOMINATION (IF CLERGY) 29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT) 29D. OFFICIAL TITLE 29E. MAILING ADDRESS 29F. ZIP CODE							
LOCAL REGISTRAR OF MARRIAGES (COURT RECORDS) 30A. SIGNATURE OF LOCAL REGISTRAR 30B. SIGNATURE OF DEPUTY (IF APPLICABLE) 31. DATE ACCEPTED FOR REGISTRATION STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 117 (3-91)							

VS 117
Rev. 3/91

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

**LICENSE AND CERTIFICATE OF MARRIAGE
FOR DENOMINATIONS NOT HAVING CLERGY**
MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
	2. DATE OF BIRTH—MONTH, DAY, YEAR		
	3A. RESIDENCE—STREET AND NUMBER	3B. CITY	3C. ZIP CODE
	3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	4. STATE OF BIRTH	
	5. MAILING ADDRESS—IF DIFFERENT	6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT
BRIDE PERSONAL DATA	7B. DATE—MONTH, DAY, YEAR		
	8A. USUAL OCCUPATION	8B. USUAL KIND OF BUSINESS OR INDUSTRY	9. EDUCATION - YEARS COMPLETED
	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER
	11B. STATE OF BIRTH		
	12A. NAME OF BRIDE—FIRST (GIVEN)	12B. MIDDLE	12C. LAST (FAMILY)
AFFIDAVIT OF GROOM AND BRIDE	12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)	13. DATE OF BIRTH—MONTH, DAY, YEAR	
	14A. RESIDENCE—STREET AND NUMBER	14C. ZIP CODE	14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE
	15. STATE OF BIRTH		
	16. MAILING ADDRESS—IF DIFFERENT	17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT
	18B. DATE—MONTH, DAY, YEAR		
CERTIFI- CATION	19A. USUAL OCCUPATION	19B. USUAL KIND OF BUSINESS OR INDUSTRY	20. EDUCATION - YEARS COMPLETED
	21A. FULL NAME OF FATHER	21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER
	22B. STATE OF BIRTH		
	23A. ISSUE DATE—MONTH, DAY, YEAR	23B. LICENSE NO.	23C. LICENSE EXPIRES AFTER—MONTH, DAY, YEAR
	23D. COUNTY OF ISSUE	23E. NAME OF COUNTY CLERK	
WITNESSES TO THE MARRIAGE (TWO REQUIRED)	We, the undersigned, an unmarried man and unmarried woman, state 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 for Denominations Not Having Clergy.		23F. SIGNATURE OF ISSUING CLERK
	24A. SIGNATURE OF GROOM	24B. SIGNATURE OF BRIDE	
	25. WE, THE ABOVE-NAMED PERSONS, HEREBY CERTIFY THAT WE WERE JOINED IN MARRIAGE ON _____ MONTH _____ DAY _____ YEAR IN _____ CITY _____ COUNTY, CALIFORNIA, IN ACCORDANCE WITH THE RULES AND CUSTOMS OF OUR RELIGIOUS SOCIETY OR DENOMINATION (_____) AND IN ACCORDANCE WITH CIVIL CODE SECTION 4215 RELIGIOUS SOCIETY OR DENOMINATION		
	26A. SIGNATURE OF GROOM	26B. SIGNATURE OF BRIDE	
	27A. SIGNATURE OF WITNESS	27B. ADDRESS—STREET AND NUMBER	27C. CITY, STATE AND ZIP CODE
LOCAL REGISTRAR OF MARRIAGES (NOT REQUIRED)	28A. SIGNATURE OF WITNESS	28B. ADDRESS—STREET AND NUMBER	28C. CITY, STATE AND ZIP CODE
	28A. SIGNATURE OF LOCAL REGISTRAR	28B. SIGNATURE OF CLERK OF A MUNICIPALITY	29. DATE ACCEPTED FOR REGISTRATION

VS 115
Rev. 1/92



LICENSE AND CERTIFICATE OF DECLARATION OF MARRIAGE

MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
HUSBAND PERSONAL DATA	1A. NAME OF HUSBAND—FIRST (GIVEN)		1B. MIDDLE
	1C. LAST (FAMILY)		2. DATE OF BIRTH—MONTH, DAY, YEAR
	3A. RESIDENCE—STREET AND NUMBER		3B. CITY
	3C. ZIP CODE		3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE
	4. STATE OF BIRTH		
WIFE PERSONAL DATA	5. MAILING ADDRESS—IF DIFFERENT		6. NUMBER OF PREVIOUS MARRIAGES
	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		7B. DATE—MONTH, DAY, YEAR
	8A. USUAL OCCUPATION		8B. USUAL KIND OF BUSINESS OR INDUSTRY
	9. EDUCATION—YEARS COMPLETED		
	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH
AFFIDAVIT OF HUSBAND AND WIFE	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
	12A. NAME OF WIFE—FIRST (GIVEN)		12B. MIDDLE
	12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)
	13. DATE OF BIRTH—MONTH, DAY, YEAR		
	14A. RESIDENCE—STREET AND NUMBER		14B. CITY
CERTIFI- CATION	14C. ZIP CODE		14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE
	15. STATE OF BIRTH		
	15A. MAILING ADDRESS—IF DIFFERENT		15B. NUMBER OF PREVIOUS MARRIAGES
	15A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		15B. DATE—MONTH, DAY, YEAR
	19A. USUAL OCCUPATION		19B. USUAL KIND OF BUSINESS OR INDUSTRY
WITNESSES TO THE MARRIAGE (TWO REQUIRED)	20. EDUCATION—YEARS COMPLETED		
	21A. FULL NAME OF FATHER		21B. STATE OF BIRTH
	22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH
	23A. ISSUE DATE MONTH, DAY, YEAR		23B. LICENSE NO.
	23C. LICENSE EXPIRES AFTER MONTH, DAY, YEAR		23D. COUNTY OF ISSUE
LOCAL REGISTRAR OF MARRIAGES COUNTY RECORDER	23E. NAME OF COUNTY CLERK		23F. SIGNATURE OF ISSUING CLERK
	24A. SIGNATURE OF HUSBAND		24B. SIGNATURE OF WIFE
	25. WE, THE ABOVE-NAMED PERSONS, HEREBY CERTIFY THAT WE WERE JOINED IN MARRIAGE ON _____ IN _____ CITY _____ COUNTY _____, CALIFORNIA, IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA		
	25A. SIGNATURE OF HUSBAND		25B. SIGNATURE OF WIFE
	27A. SIGNATURE OF WITNESS		27B. ADDRESS—STREET AND NUMBER
27C. CITY, STATE AND ZIP CODE			
28A. SIGNATURE OF WITNESS		28B. ADDRESS—STREET AND NUMBER	28C. CITY, STATE AND ZIP CODE
29A. SIGNATURE OF LOCAL REGISTRAR		29B. SIGNATURE OF DEPUTY (IF APPLICABLE)	30. DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

SP 52006 VS-116 (2-92)

VS 116
Rev. 1/92

VS 117C
Rev. 1/1992

STATE FILE NUMBER		LICENSE AND CERTIFICATE OF MARRIAGE MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS				LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH—MONTH, DAY, YEAR
	3A. RESIDENCE—STREET AND NUMBER		3B. CITY		3C. ZIP CODE	3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	4. STATE OF BIRTH
	5. MAILING ADDRESS—IF DIFFERENT		6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		7B. DATE—MONTH, DAY, YEAR	
	8A. USUAL OCCUPATION		8B. USUAL KIND OF BUSINESS OR INDUSTRY		9. EDUCATION—YEARS COMPLETED		
	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
BRIDE PERSONAL DATA	12A. NAME OF BRIDE—FIRST (GIVEN)		12B. MIDDLE		12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)
	14A. RESIDENCE—STREET AND NUMBER		14B. CITY		14C. ZIP CODE	14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	15. STATE OF BIRTH
	16. MAILING ADDRESS—IF DIFFERENT		17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		18B. DATE—MONTH, DAY, YEAR	
	19A. USUAL OCCUPATION		19B. USUAL KIND OF BUSINESS OR INDUSTRY		20. EDUCATION—YEARS COMPLETED		
	21A. FULL NAME OF FATHER		21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH	
AFFIDAVIT	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE 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 A CERTIFICATE OF MARRIAGE.						
	23. SIGNATURE OF GROOM				24. SIGNATURE OF BRIDE		
LICENSE TO MARRY	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.						
	25A. ISSUE DATE MONTH, DAY, YEAR	25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR	25C. LICENSE NUMBER	25D. COUNTY OF ISSUE			
WITNESS(ES) (ONE REQUIRED)	26A. SIGNATURE OF WITNESS		26B. ADDRESS—STREET AND NUMBER		26C. CITY, STATE AND ZIP CODE		
	27A. SIGNATURE OF WITNESS		27B. ADDRESS—STREET AND NUMBER		27C. CITY, STATE AND ZIP CODE		
OFFICIAL PERSON SOLEMNIZING MARRIAGE	28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.				29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		29B. RELIGIOUS DENOMINATION (IF CLERGY)
	ON _____ MONTH _____ DAY _____ YEAR				29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)		29D. OFFICIAL TITLE
	AT _____ CITY OR TOWN _____ COUNTY _____ CALIFORNIA				29E. MAILING ADDRESS		29F. ZIP CODE
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	30A. SIGNATURE OF LOCAL REGISTRAR		30B. SIGNATURE OF DEPUTY (IF APPLICABLE)		31. DATE ACCEPTED FOR REGISTRATION		
		BY _____		DEPUTY			

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 117C 11.501

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

LICENSE AND CERTIFICATE OF MARRIAGE
MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST (GIVEN)		1B. MIDDLE
	1C. LAST (FAMILY)		2. DATE OF BIRTH—MONTH, DAY, YEAR
	3A. RESIDENCE—STREET AND NUMBER		3B. CITY
	3C. ZIP CODE		3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE
	3E. STATE OF BIRTH		
BRIDE PERSONAL DATA	5. MAILING ADDRESS—IF DIFFERENT		6. NUMBER OF PREVIOUS MARRIAGES
	7A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		7B. DATE—MONTH, DAY, YEAR
	8A. USUAL OCCUPATION		8B. USUAL KIND OF BUSINESS OR INDUSTRY
	9. EDUCATION—YEARS COMPLETED		
	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH
AFFIDAVIT	10C. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
	12A. NAME OF BRIDE—FIRST (GIVEN)		12B. MIDDLE
	12C. LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)
	13. DATE OF BIRTH—MONTH, DAY, YEAR		
	14A. RESIDENCE—STREET AND NUMBER		14B. CITY
LICENSE TO MARRY	14C. ZIP CODE		14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE
	15. STATE OF BIRTH		
	16. MAILING ADDRESS—IF DIFFERENT		17. NUMBER OF PREVIOUS MARRIAGES
	18A. LAST MARRIAGE ENDED BY: ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		18B. DATE—MONTH, DAY, YEAR
	19A. USUAL OCCUPATION		19B. USUAL KIND OF BUSINESS OR INDUSTRY
WITNESS(ES) (ONE REQUIRED)	20. EDUCATION—YEARS COMPLETED		
	21A. FULL NAME OF FATHER		21B. STATE OF BIRTH
	22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH
	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE 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 A CERTIFICATE OF MARRIAGE.		
	23. SIGNATURE OF GROOM		24. SIGNATURE OF BRIDE
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	25A. ISSUE DATE MONTH, DAY, YEAR		25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR
	25C. LICENSE NUMBER		25D. COUNTY OF ISSUE
	25E. NAME OF COUNTY CLERK		25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE)
	26A. SIGNATURE OF WITNESS		26B. ADDRESS—STREET AND NUMBER
	26C. CITY, STATE AND ZIP CODE		
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	27A. SIGNATURE OF WITNESS		27B. ADDRESS—STREET AND NUMBER
	27C. CITY, STATE AND ZIP CODE		
	28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA		
	29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		29B. RELIGIOUS DENOMINATION (IF CLERGY)
	29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)		29D. OFFICIAL TITLE
29E. MAILING ADDRESS		29F. ZIP CODE	
30A. SIGNATURE OF LOCAL REGISTRAR		30B. SIGNATURE OF DEPUTY (IF APPLICABLE)	31. DATE ACCEPTED FOR REGISTRATION
BY		DEPUTY	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS-117 (1-88)

VS 117
Rev. 1/00

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGSITRATION HANDBOOK

LICENSE AND CERTIFICATE OF MARRIAGE
FOR DENOMINATIONS NOT HAVING CLERGY
MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
GROOM	1A. NAME OF GROOM - FIRST		1B. MIDDLE
	1C. CURRENT LAST		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
	2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. # PREV. MARRIAGES/ SRDP
	5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☐ N/A		5B. DATE ENDED (MM/DD/CCYY)
	6. MAILING ADDRESS	7. CITY	8. STATE/COUNTRY
	9. ZIP CODE		
10A. FULL BIRTH NAME OF FATHER/PARENT		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
11A. FULL BIRTH NAME OF MOTHER/PARENT		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
BRIDE	12A. NAME OF BRIDE - FIRST		12B. MIDDLE
	12C. CURRENT LAST		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
	13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/ SRDP
	16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☐ N/A		16B. DATE ENDED (MM/DD/CCYY)
	17. MAILING ADDRESS	18. CITY	19. STATE/COUNTRY
	20. ZIP CODE		
21A. FULL BIRTH NAME OF FATHER/PARENT		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
22A. FULL BIRTH NAME OF MOTHER/PARENT		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
AFIDAVIT	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE FOR DENOMINATIONS NOT HAVING CLERGY.		
	23. SIGNATURE OF GROOM		24. SIGNATURE OF BRIDE
LICENSE TO MARRY	I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES HAVE PERSONALLY APPEARED BEFORE ME AND PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. THESE REQUIREMENTS HAVING BEEN MET, I HEREBY ISSUE THE LICENSE AND CERTIFICATE OF MARRIAGE FOR DENOMINATIONS NOT HAVING CLERGY. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.		
	25A. ISSUE DATE (MM/DD/CCYY)	25B. LICENSE EXPIRES AFTER (MM/DD/CCYY)	25C. LICENSE NUMBER
	25D. COUNTY OF ISSUE		25E. NAME OF COUNTY CLERK
	25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE)		BY ☐ DEPUTY
CERTIFICATION OF MARRIAGE	WE, THE ABOVE-NAMED HUSBAND AND WIFE, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE JOINED IN MARRIAGE IN ACCORDANCE WITH THE RULES AND CUSTOMS OF OUR RELIGIOUS SOCIETY OR DENOMINATION AND IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.		
	26A. DATE OF MARRIAGE (MM/DD/CCYY)	26B. RELIGIOUS SOCIETY/DENOMINATION	26C. CITY/TOWN OF MARRIAGE
	26D. COUNTY OF MARRIAGE		26E. STATE OF MARRIAGE
	27. SIGNATURE OF HUSBAND		28. SIGNATURE OF WIFE
WITNESSES TO THE MARRIAGE (TWO REQUIRED)	WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE PHYSICALLY PRESENT AT THE MARRIAGE CEREMONY OF THE ABOVE-NAMED PERSONS, THAT WE WITNESSED THE ABOVE-NAMED PERSONS COMPLETE THE MARRIAGE CEREMONY, THAT THE CEREMONY OCCURRED IN CALIFORNIA, AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.		
	29A. SIGNATURE OF WITNESS		29B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	29C. MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
	30A. SIGNATURE OF WITNESS		30B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	30C. MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
LOCAL REGISTRAR	31A. SIGNATURE OF LOCAL REGISTRAR		31B. SIGNATURE OF DEPUTY (IF APPLICABLE)
	BY ☐ DEPUTY		31C. DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS-115 (11-2005)

VS 115
Rev. 11/2005

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

LICENSE AND CERTIFICATE OF DECLARATION OF MARRIAGE		MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS USE DARK INK ONLY	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
HUSBAND	1A. NAME OF HUSBAND - FIRST		1B. MIDDLE
	1C. CURRENT LAST		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
	2. DATE OF BIRTH (MM/DD/YYYY)	3. STATE/COUNTRY OF BIRTH	4. # PREV. MARRIAGE(S) END BY: ☐ DEATH ☐ DISSOL ☐ ANNULMENT ☐ TERM SROP ☐ N/A
	5. MAILING ADDRESS - NUMBER AND STREET		6. CITY
	7. STATE/COUNTRY		8. ZIP CODE
WIFE	12A. FULL BIRTH NAME OF FATHER/PARENT		12B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
	13A. FULL BIRTH NAME OF MOTHER/PARENT		13B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
	12A. NAME OF WIFE - FIRST		12B. MIDDLE
	12C. CURRENT LAST		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
	13. DATE OF BIRTH (MM/DD/YYYY)		14. STATE/COUNTRY OF BIRTH
AFFIDAVIT	15. # PREV. MARRIAGE(S) END BY: ☐ DEATH ☐ DISSOL ☐ ANNULMENT ☐ TERM SROP ☐ N/A		16A. LAST MARRIAGE(S) END BY: ☐ DEATH ☐ DISSOL ☐ ANNULMENT ☐ TERM SROP ☐ N/A
	17. MAILING ADDRESS - NUMBER AND STREET		18. CITY
	19. STATE/COUNTRY		20. ZIP CODE
	21A. FULL BIRTH NAME OF FATHER/PARENT		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
	22A. FULL BIRTH NAME OF MOTHER/PARENT		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
LICENSE TO MARRY	WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT WE ARE A MAN AND A WOMAN PREVIOUSLY MARRIED TO EACH OTHER THAT A CALIFORNIA MARRIAGE LICENSE WAS OBTAINED PRIOR TO THE CEREMONY AND THAT THE CEREMONY OCCURRED IN CALIFORNIA. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 761 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF DECLARATION OF MARRIAGE.		
	23. SIGNATURE OF HUSBAND	24. SIGNATURE OF WIFE	
	1. THE UNDERSIGNED DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES HAVE PERSONALLY APPEARED BEFORE ME AND PROVIDED ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED. I HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. THESE REQUIREMENTS HAVING BEEN MET, I HEREBY ISSUE THE LICENSE AND CERTIFICATE OF DECLARATION OF MARRIAGE.		
	25A. ISSUE DATE (MM/DD/YYYY)	25B. LICENSE EXPIRES AFTER (MM/DD/YYYY)	25C. LICENSE NUMBER
	25D. COUNTY OF ISSUE		25E. NAME OF COUNTY CLERK
CERTIFICATION OF MARRIAGE	25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE)		
	BY _____ DEPUTY		
	WE, THE ABOVE-NAMED HUSBAND AND WIFE, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE JOINED IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA AS INDICATED BELOW.		
	26A. DATE OF MARRIAGE (MM/DD/YYYY)	26B. CITY/TOWN OF MARRIAGE	26C. COUNTY OF MARRIAGE
	27. SIGNATURE OF HUSBAND		
WITNESSES TO THE MARRIAGE (TWO REQUIRED)	28. SIGNATURE OF WIFE		
	WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE PHYSICALLY PRESENT AT THE MARRIAGE CEREMONY OF THE ABOVE-NAMED HUSBAND AND WIFE, THAT WE WITNESSED THE ABOVE-NAMED PERSONS COMPLETE THE MARRIAGE CEREMONY, THAT THE CEREMONY OCCURRED IN CALIFORNIA, AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.		
	29A. SIGNATURE OF WITNESS	29B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)	
	29C. MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
	30A. SIGNATURE OF WITNESS	30B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)	
LOCAL REGISTRAR	30C. MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
	31A. SIGNATURE OF LOCAL REGISTRAR	31B. SIGNATURE OF DEPUTY (IF APPLICABLE)	
	BY _____ DEPUTY		31C. DATE ACCEPTED FOR REGISTRATION
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS			

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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MARRIAGE REGISTRATION HANDBOOK

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

USE DARK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM - FIRST		1B. MIDDLE
	1C. CURRENT LAST		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
	2. DATE OF BIRTH (MM/DD/YYYY)	3. STATE/COUNTRY OF BIRTH	4. # PREV. MARRIAGES/ SROP
	5A. LAST MARRIAGE/SROP ENDED BY: ☐ DEATH ☐ DISO ☐ ANNULMENT ☐ TERM SROP ☐ N/A		5B. DATE ENDED (MM/DD/YYYY)
	6. MAILING ADDRESS	7. CITY	8. STATE/COUNTRY
			9. ZIP CODE
10A. FULL BIRTH NAME OF FATHER/PARENT		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
11A. FULL BIRTH NAME OF MOTHER/PARENT		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
BRIDE PERSONAL DATA	12A. NAME OF BRIDE - FIRST		12B. MIDDLE
	12C. CURRENT LAST		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
	13. DATE OF BIRTH (MM/DD/YYYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/ SROP
	16A. LAST MARRIAGE/SROP ENDED BY: ☐ DEATH ☐ DISO ☐ ANNULMENT ☐ TERM SROP ☐ N/A		16B. DATE ENDED (MM/DD/YYYY)
	17. MAILING ADDRESS	18. CITY	19. STATE/COUNTRY
			20. ZIP CODE
21A. FULL BIRTH NAME OF FATHER/PARENT		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
22A. FULL BIRTH NAME OF MOTHER/PARENT		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
AFFIDAVIT	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.		
	23. SIGNATURE OF GROOM	24. SIGNATURE OF BRIDE	
LICENSE TO MARRY	I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME AND PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED. HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON ONLY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.		
	25A. ISSUE DATE (MM/DD/YYYY)	25B. EXPIRES AFTER (MM/DD/YYYY)	25C. NAME OF COUNTY CLERK
	25D. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE)		BY _____ DEPUTY
	26A. MARRIAGE LICENSE NUMBER	26B. COUNTY OF ISSUE	26C. RETURN COMPLETED MARRIAGE LICENSE TO:
WITNESSES (ONE REQUIRED, NO MORE THAN TWO ALLOWED)	27A. SIGNATURE OF WITNESS		27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	28A. MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
	27C. SIGNATURE OF WITNESS		27D. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	28C. MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.		
	29A. DATE OF MARRIAGE (MM/DD/YYYY)	29B. CITY/TOWN OF MARRIAGE	29C. COUNTY OF MARRIAGE
	29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		29B. RELIGIOUS DENOMINATION (IF CLERGY)
	29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)		29D. OFFICIAL TITLE
	29E. MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
LOCAL REGISTRAR	30A. SIGNATURE OF LOCAL REGISTRAR		30B. SIGNATURE OF DEPUTY (IF APPLICABLE)
	BY _____ DEPUTY		30C. DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

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