

Authorization is requested to examine the following marriage record:

(PLEASE PRINT)

Years to be searched _____ to _____

NAME OF FIRST PERSON _____
First Middle Last

MAIDEN NAME OF SECOND PERSON _____
First Middle Last

LICENSE ISSUED IN _____ County.

PURPOSE OF SEARCH _____

Signature of Applicant

Application Approved By
REGISTRAR-RECORDER/COUNTY CLERK

ID# _____ EXP. DATE _____

DATE

DEPUTY

*NOTE: A search fee, payable in advance, is required by state law under the following conditions:

- (1) If the search is performed by a Deputy.
- (2) If the record is retrieved by a Deputy.

Please read and sign the following:

I _____, agree to the following when viewing the
PRINT NAME HERE

Marriage record in the custody of the Los Angeles Registrar-Recorder/County Clerk.

1. Any analysis, interpretation or conclusion that is reached regarding the marriage record indices are my own and not that of the State Department of Health Services or the Los Angeles County Registrar-Recorder/ County Clerk.
2. Any technical descriptions of the marriage record indices are consistent with those provided by the State Department of Health Services.
3. I will not sell, assign or otherwise transfer information from the marriage record indices.
4. I will not use the marriage record indices for fraudulent purposes.
5. I will not post information from the marriage on the Internet.

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Signature

Date