

<p>The County Clerk's Office only has records of CONFIDENTIAL marriage certificates ISSUED IN SAN FRANCISCO. Copies will be made available 10 BUSINESS DAYS AFTER THE LICENSE HAS BEEN RECEIVED FOR REGISTRATION. These copies are only available to the named parties on the license. Acceptable I.D. must be presented at the time of your request. Please indicate the type of certified copy you are requesting:</p>				
<input type="checkbox"/> I am one of the parties to the confidential marriage		<input type="checkbox"/> I am 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)		
<p><b>Those who are not authorized by law to receive a certified copy of a confidential marriage record will receive a letter confirming the existence of a confidential marriage pursuant to Family Code Section 511(c).</b></p>				
<p>Fee: <b>See website for fee</b> (payable to SF County Clerk). <b>PLEASE SUBMIT A CHECK (FROM AN USA ISSUED BANK, NO FOREIGN CHECKS), MONEY ORDER, OR CASHIER'S CHECK - DO NOT SEND CASH</b> (Not responsible for fees paid in cash that are lost, misdirected, or undelivered). If no record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Record" will be issued to the applicant. <b>There are absolutely NO refunds.</b></p> <p>Mail application and a (large) self-addressed stamped return envelope to: <b>SF County Clerk, City Hall #168, San Francisco, CA 94102</b></p>				
<b>APPLICANT INFORMATION (PLEASE PRINT OR TYPE)</b>		<b>Today's Date:</b>		
Agency Name (if appropriate)		Agency Case No.	Purpose of Request	
Print Name of Applicant		Signature of Applicant		
Mailing Address – Number, Street		Amount Enclosed <b>DO NOT SEND CASH</b> \$		Number of Copies
City		Email Address		
State/Province	ZIP Code	Daytime Telephone (include area code) (      )		
<b>MARRIAGE RECORD INFORMATION (PLEASE PRINT OR TYPE)</b>				
Date of Marriage (MM/DD/CCYY)		County Issued: <b>SAN FRANCISCO</b>		Was the record amended? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST Name of First Person	MIDDLE Name	Last Name as listed on marriage certificate		
FIRST Name of Second Person	MIDDLE Name	Last Name as listed on marriage certificate		

Name of Both Parties Listed on the Marriage Certificate	Your Relationship to the Parties Listed on the Marriage Certificate

FOR OFFICE	ISSUE DATE – MONTH, DAY, YEAR	LRN	OTHER/# COPIES
	BANKNOTE NUMBER	RECEIPT NUMBER	BY: _____ DEPUTY