



JORDAN Z. MARKS
 ASSESSOR/RECORDER/COUNTY CLERK
 COUNTY OF SAN DIEGO



**APPLICATION FOR A CONFIDENTIAL WEDDING OR
 ANNIVERSARY KEEPSAKE SOUVENIR**

WEDDING OR **ANNIVERSARY**

(Please Mark a Box)

Full Name of First Person: _____

First Person's State of Birth: _____

Full Name of Second Person: _____

Second Person's State of Birth: _____

Date of Marriage: _____

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California that
 (Print Name)

I am one of the two persons listed on the marriage record.

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (Yr) (City) (State)

 (Applicant's Signature)

Note: Your signature MUST be notarized if applying by mail. Notarization is NOT required if applying in person.

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 to the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____ County of _____

On _____, before me, _____, personally appeared _____ who proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) 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.

Personally Known **OR** Produced Identification.

Type of Identification produced _____

WITNESS my hand and official seal.

 Notary Signature

Mail Keepsake(s) to:

Name _____
 Address _____
 City, State, Zip _____
 Email _____
 Phone (____) _____

Multiply the number of keepsakes requested by \$1.94, then add \$5.40 to the total

Number of Wedding _____ x \$1.94 = \$ _____

Number of Anniversary _____ x \$1.94 = \$ _____

+ \$5.40 = \$ _____

*Please mail this request along with your payment
 (check or money order payable to
 "San Diego County Recorder") to:*

**San Diego Recorder/County Clerk
 ATTN: Vital Records
 P.O. Box 121750
 San Diego, CA 92112-1750**