

# APPLICATION FOR CONFIDENTIAL MARRIAGE LICENSE

**This License is Valid for 90 Days Only**

**YOUR MARRIAGE CEREMONY MUST TAKE PLACE IN SANTA CLARA COUNTY**

**Please Print Clearly**

PARTY A      PERSONAL   DATA	<b>1A.</b> NAME OF PARTY A - FIRST	<b>1B.</b> MIDDLE	<b>1C.</b> CURRENT LAST		
	<b>1D.</b> LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)	<b>2.</b> DATE OF BIRTH - MONTH, DAY, YEAR	<b>3.</b> STATE/COUNTRY OF BIRTH		
	<b>4.</b> # PREV. MARRIAGES / SRDP (State Registered Domestic Partnership)	<b>5A.</b> LAST MARRIAGE / SRDP ENDED BY:  DEATH      DISSOLUTION      ANNULMENT      TERM SRDP      N/A		<b>5B.</b> DATE ENDED MM/DD/YYYY	
	<b>6.</b> ADDRESS	<b>7.</b> CITY		<b>8.</b> STATE/COUNTRY	<b>9.</b> ZIP CODE
	<b>10A.</b> FULL BIRTH NAME OF FATHER/PARENT			<b>10B.</b> STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
	<b>11A.</b> FULL BIRTH NAME OF MOTHER/PARENT			<b>11B.</b> STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
PARTY B      PERSONAL   DATA	<b>12A.</b> NAME OF PARTY B - FIRST	<b>12B.</b> MIDDLE	<b>12C.</b> CURRENT LAST		
	<b>12D.</b> LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)	<b>13.</b> DATE OF BIRTH - MONTH, DAY, YEAR	<b>14.</b> STATE/COUNTRY OF BIRTH		
	<b>15.</b> # PREV. MARRIAGES / SRDP (State Registered Domestic Partnership)	<b>16A.</b> LAST MARRIAGE / SRDP ENDED BY:  DEATH      DISSOLUTION      ANNULMENT      TERM SRDP      N/A		<b>16B.</b> DATE ENDED MM/DD/YYYY	
	<b>17A.</b> FULL BIRTH NAME OF FATHER/PARENT	<b>17B.</b> STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)			
	<b>18A.</b> FULL BIRTH NAME OF MOTHER/PARENT	<b>18B.</b> STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)			
	WE, THE UNDERSIGNED, CURRENTLY LIVING TOGETHER AS SPOUSES, 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 A CERTIFICATE OF CONFIDENTIAL MARRIAGE.				
AFFIDAVIT	<b>19.</b> SIGNATURE OF PARTY A  ▶	DAYTIME TELEPHONE NO.  (   )	<b>20.</b> SIGNATURE OF PARTY B  ▶	DAYTIME TELEPHONE NO.  (   )	

We will be married by a:

CLERGYPERSON (MINISTER, PRIEST, RABBI, ETC.)

JUDGE

DEPUTY COMMISSIONER OF CIVIL MARRIAGES

OTHER (PLEASE SPECIFY) \_\_\_\_\_

Our wedding ceremony will take place in:

\_\_\_\_\_ **Santa Clara County** \_\_\_\_\_  
City County

Date of ceremony: \_\_\_\_\_