

AFFIDAVIT RE: DUPLICATE MARRIAGE LICENSE (CA Family Code 360 and 510)

Pursuant to CA Family Code 360 and 510, if the marriage license is lost, damaged, or destroyed after the marriage ceremony, but prior to registration, or deemed unacceptable for registration as presented due to erasure(s), whiteout(s), and/or alteration(s), an affidavit and fee are required for a duplicate marriage license. The duplicate license may not be issued later than one year after the date of the marriage and shall be returned by the person solemnizing the marriage to the county recorder/clerk within one year of the date of the marriage. **This form must be completed by the officiant/person who performed the ceremony and must be submitted in person or by mail; original/wet signature required, electronic signatures are not acceptable.**

Date of Marriage (Month/Day/Year): _____ **City:** _____ **County:** _____

First Person Full Legal Name: _____

Second Person Full Legal Name: _____

Officiant's Full Legal Name: _____

Religious Denomination/Online Name of Organization: _____
Person's registered with an online organization should enter the organization's full name, i.e., "Universal Life Church" or "American Marriage Ministries" etc. If judge, elected official, or deputy marriage commissioner, enter a single dash " - "

Officiant's Title: _____
i.e., Judge, Minister, Priest, Deputy Marriage Commissioner; For online organizations, enter "Minister"

If Public Marriage License, you must provide the name(s) and address of the witness(es), print witness(es) name(s) and address below as they appear in original license

1st Witness NAME & ADDRESS: _____

2nd Witness NAME & ADDRESS: _____

I certify that the original License and Certificate of Marriage was presented to me before the marriage ceremony. I understand that the license could not be registered because: **(choose one)**
Marriage License was lost or destroyed after the ceremony: _____
Marriage License was not acceptable for registration as presented due to: _____

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on _____ day of _____, _____ at _____.
(DAY) (MONTH) (YEAR) (CITY, STATE)

Original/Wet Signature Required: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Daytime Phone: _____

Please return this completed affidavit along with \$28.00 fee to:
SF County Clerk
1 Dr. Carlton B. Goodlett Place
City Hall, Room 168
San Francisco, CA 94102-4678

By mail payments: Personal check with preprinted account holder name or money order/cashier's check payable to SF County Clerk; No cash payments by mail.

OFFICE USE ONLY: Marriage License Issuance Date: _____ **Marriage License #:** _____

Date Affidavit Processed: _____ **Receipt #:** _____

Duplicate Marriage License Given/Mailed To: _____ **Clerk's Initials:** _____