

APPLICATION FOR A CONFIDENTIAL MARRIAGE LICENSE

READ THESE INSTRUCTIONS BEFORE YOU SIGN THIS APPLICATION. PLEASE PRINT LEGIBLY.

1. YOU ARE EACH 18 YEARS OF AGE OR OVER, UNMARRIED AND CURRENTLY LIVING TOGETHER AS SPOUSES.
2. YOUR CEREMONY **MUST** TAKE PLACE IN KERN COUNTY. NO WITNESSES ARE REQUIRED TO BE PRESENT AT THE CEREMONY, NOR ARE THEY AUTHORIZED TO SIGN ON THE MARRIAGE LICENSE. YOUR MARRIAGE MUST BE SOLEMNIZED BY A PERSON AUTHORIZED TO PERFORM MARRIAGES IN CALIFORNIA AS PROVIDED IN FAMILY CODE SECTION 400-401.
3. YOUR CEREMONY MUST BE PERFORMED WITHIN **90 DAYS** FROM THE DATE THE LICENSE IS ISSUED. YOU MUST BE MARRIED ON OR AFTER THE ISSUANCE DATE AND ON OR BEFORE THE EXPIRATION DATE OF THE LICENSE. LICENSES NOT USED WITHIN THIS TIMEFRAME ARE VOID.
4. **ABSOLUTELY NO REFUNDS WILL BE GRANTED.**

FIRST PERSON DATA <input type="checkbox"/> Groom <input type="checkbox"/> Bride		SECOND PERSON DATA <input type="checkbox"/> Groom <input type="checkbox"/> Bride	
First Name:		First Name:	
Middle Name:		Middle Name:	
Current Last Name:		Current Last Name:	
Legal Last Name (by birth, adoption, naturalization, if different from current last name):		Legal Last Name (by birth, adoption, naturalization, if different from current last name):	
Date of Birth:	State/Country of Birth:	Date of Birth:	State/Country of Birth:
# of Previous Marriages/SRDP (State Registered Domestic Partnership):		# of Previous Marriages/SRDP (State Registered Domestic Partnership):	
Last Marriage Ended (check one): [] Death [] Dissolution [] Annulment [] Term. SRDP [] N/A		Last Marriage Ended (check one): [] Death [] Dissolution [] Annulment [] Term. SRDP [] N/A	
Date Ended:		Date Ended:	
Daytime Phone Number:		Daytime Phone Number:	
Street Address:	City:	State/Country:	Zip:
Full Name of Father/Parent:		Full Name of Father/Parent:	
State of Birth of Father/Parent (if outside USA list country):		State of Birth of Father/Parent (if outside USA list country):	
Full Name of Mother/Parent (maiden):		Full Name of Mother/Parent (maiden):	
State of Birth of Mother/Parent (if outside USA list country):		State of Birth of Mother/Parent (if outside USA list country):	

** OPTIONAL **		
NEW MIDDLE AND LAST NAME OF FIRST PERSON		
First Name – Must be same as above	New Middle Name	New Last Name
** OPTIONAL **		
NEW MIDDLE AND LAST NAME OF SECOND PERSON		
First Name – Must be same as above	New Middle Name	New Last Name

WE, THE UNDERSIGNED, 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.	
SIGNATURE OF FIRST PERSON	SIGNATURE OF SECOND PERSON

*** FOR OFFICE USE ONLY ***			
I.D.#	EXP	I.D.#	EXP