Application for Appointment
Deputy Commissioner of Civil Marriages for a Day

MUST APPLY IN PERSON

Information about Applicant

Last, First, MI: _____

Mailing Address: _____

City, State, ZIP: _____

Email Address: _____

Daytime Phone: _____ Alt Phone: _____

Information about the Ceremony: **Marriage license MUST be purchased in a California County**

Full Name of First Person to the Marriage: _____

Full Name of Second Person to the Marriage: _____

Date of Ceremony: _____

Is/will the license be a:

Public Marriage License ☐ Confidential Marriage License ☐

County Where Marriage License Was/Will Be Purchased: _____

City and County of Ceremony: _____

Certification of Application

By signing this application, I agree to attend training on the Deputy Commissioner of Civil Marriages for a Day program before my commission is granted. I certify under penalty of perjury that the foregoing is true and correct.

_____

Signature **Date**

_____

Printed Name

_____

For Official Use Only

Deputy Clerk Initials: _____

Date Rec'd **ID Verified** **Attended Training** **Copy of Commission and Oath Given**

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