

APPLICATION FOR CERTIFIED COPY OF DIVORCE RECORD

INFORMATION:

Divorce records have been maintained in the California Department of Public Health Vital Records only from **1962 to June 1984**. For these years, we are only able to provide you with a Certificate of Record, which identifies the names of the parties, filing date, county, and case number of the divorce. Copies of the **actual divorce decree** can only be obtained from the Superior Court in the county where the divorce took place. ***Our processing time for divorce records can be quite lengthy and may exceed six months.***

INSTRUCTIONS:

1. Complete a separate application for each divorce record requested.
2. Complete the **Applicant Information** section and provide your signature where indicated. Provide both **First Person and Second Person** information to identify the divorce record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
3. Submit \$14 for **each** copy requested. If no divorce record is found, the fee will be retained for searching the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
4. Mail completed applications with the fee(s) to:

California Department of Public Health
 Vital Records – MS 5103
 P.O. Box 997410
 Sacramento, CA 95899-7410
 (916) 445-2684

PLEASE ATTACH CHECK HERE

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 (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date:

Agency Name (if applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – DO NOT SEND CASH \$ _____ Check \$ _____ Money Order		Number of Copies
City		Mailing Address of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ()	Country	City	State	ZIP Code

DIVORCE RECORD INFORMATION (PLEASE PRINT OR TYPE)
Complete First Person and Second Person information below as shown on the divorce record, to the best of your knowledge.

Name of First Person – FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Name of Second Person – FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Date of Divorce – Month, Day, Year (If Date Unknown, Enter Year(s))		County of Divorce	