

APPLICATION FOR CERTIFIED COPY OF DIVORCE RECORD

INFORMATION:

Divorce records have been maintained in the California Department of Public Health Vital Records (CDPH-VR) only from **1962 to June 1984**. For these years, CDPH-VR is 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

| APPLICANT INFORMATION (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 (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 | | |