

**CALIFORNIA DEPARTMENT  
OF SOCIAL SERVICES**

PLEASE SEND ANY REPLY TO:



Will you please verify:

- the marriage of \_\_\_\_\_ and \_\_\_\_\_  
said to have taken place on \_\_\_\_\_ at \_\_\_\_\_
- the divorce of \_\_\_\_\_ and \_\_\_\_\_

**INSTRUCTIONS:** For Marriage Verification, complete SECTION A, for Divorce Verification, complete SECTION B. Please return this form in the enclosed envelope to the office checked above.

**SECTION A. MARRIAGE VERIFICATION**

DATE OF MARRIAGE:	REGISTERED NO:	PLACE OF MARRIAGE:	
		<b>MAN</b>	<b>WOMAN</b>
A. NAME ON CERTIFICATE			
B. AGE			
C. NUMBER OF PREVIOUS MARRIAGES NOTED			
SIGNED:		TITLE:	DATE

**SECTION B. DIVORCE VERIFICATION**

RECORD SHOWS MARRIAGE OCCURRED ON: (SPECIFY DATE)	AT: (CITY/COUNTY/STATE)		
DATE DIVORCE COMPLAINT FILED:	PLACE DIVORCE COMPLAINT FILED:	DATE OF INTERLOCUTORY DECREE:	DATE OF FINAL DECREE:
GROUNDS ON WHICH DIVORCE SECURED.			AGES OF MINOR CHILDREN:
NAMES OF CHILDREN:			
TO WHOM WAS CUSTODY OF EACH GIVEN:			
SUPPORT ORDERED:			
NAME OF PLAINTIFF:			
SIGNED:		TITLE:	DATE: