



**San Bernardino County
Recorder-Clerk**

222 W. Hospitality Lane, 1st Floor, San Bernardino CA 92415-0022
Hours 8 a.m. to 5:00 p.m., Monday-Friday.
855 REC-CLRK
www.sbcounty.gov/arc

**APPLICATION FOR APPOINTMENT AS
DEPUTY COMMISSIONER OF CIVIL MARRIAGE**

(Pursuant To California Family Code Section 401b)

Applicants must be at least 18 years of age.

Name of Applicant _____

Occupation _____

Residence Address _____

Mailing Address _____

Daytime Telephone _____ Date of Birth _____

THIS COMMISSION APPLICATION IS FOR: (Please circle one)

1. A one-day, one event commission.

Date of Ceremony _____

Place of ceremony _____

First Person's Name _____

First Person's Address _____

Second Person's Name _____

Second Person's Address _____

2. A fixed time period beginning _____ and expiring on _____

Please briefly explain why you seek appointment as a commissioner of civil marriage in San Bernardino County.

How did you become aware of this county's Deputy Commissioner of Marriage Program?

"I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

_____ Date

_____ Signature

**PLEASE RETURN COMPLETED FORM AND \$75.00 NON-REFUNDABLE FEE AT
LEAST 6 WEEKS IN ADVANCE TO THE ADDRESS SHOWN AT THE TOP OF THIS
FORM.**

Approved: _____