

**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:	
		MAN	WOMAN
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: