

ENGLISH

Mayra's Wedding Chapel

407 N. Normandie Ave - L.A. 90004 (323) 663-9814
mayraplace@sbcglobal.net



PLEASE PRINT CLEARLY

Groom's personal Information	1A. NAME OF GROOM - FIRST				1B. MIDDLE							
	1C. CURRENT LAST NAME				1D. LAST NAME AT BIRTH (IF DIFFERENT FROM 1C.)							
	2. DATE OF BIRTH (MM/DD/CCYY)		3. STATE/COUNTRY OF BIRTH		4. # OF PREVIOUS MARRIAGES		5A. LAST MARRIAGE ENDED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DISS <input type="checkbox"/> ANNUL <input type="checkbox"/> TERM SRDP <input type="checkbox"/> N/A		5B. DATE ENDED MM/DD/CCYY			
	6. ADDRESS						7. CITY		8. STATE/COUNTY		9. ZIP CODE	
	10A. FULL BIRTH NAME OF FATHER/PARENT						10B. STATE OF BIRTH (IF OUTSIDE US, ENTER COUNTRY)					
	11A. FULL BIRTH NAME OF MOTHER/PARENT						11B. STATE OF BIRTH (IF OUTSIDE US, ENTER COUNTRY)					
Bride's personal information	12A. NAME OF BRIDE - FIRST				12B. MIDDLE							
	12C. CURRENT LAST NAME				12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C.)							
	13. DATE OF BIRTH (MM/DD/CCYY)		14 STATE/COUNTRY OF BIRTH		15. # OF PREVIOUS MARRIAGES		16A. LAST MARRIAGE ENDED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DISS <input type="checkbox"/> ANNUL <input type="checkbox"/> TERM SRDP <input type="checkbox"/> N/A		16B. DATE ENDED MM/DD/CCYY			
	17 ADDRESS						18 CITY		19 STATE/COUNTY		20 ZIP CODE	
	21A. FULL BIRTH NAME OF FATHER/PARENT						21B. STATE OF BIRTH (IF OUTSIDE US, ENTER COUNTRY)					
	22A. FULL BIRTH NAME OF MOTHER/PARENT						22B. STATE OF BIRTH (IF OUTSIDE US, ENTER COUNTRY)					
Optional	23. OPTIONAL: GROOM WILL CHANGE NAME TO:											
	24. OPTIONAL: BRIDE WILL CHANGE NAME TO:											
Affidavit	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN CURRENTLY LIVING TOGETHER AS HUSBAND AND WIFE, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE.											
	25. SIGNATURE OF GROOM					26. SIGNATURE OF BRIDE						

TODAY'S DATE ____/____/20____

LICENSE NUMBER _____

PHONE NUMBER DAYTIME: _____

EVENING: _____

DATE AND TIME OF MARRIAGE: _____

E-MAIL: _____

HOW DID YOU FIND OUT ABOUT US? YELLOW PAGES THE SIGN REFERRED BY _____

LICENSE & CEREMONY ----- \$275

LICENSE, CEREMONY, & L.A. COUNTY CERTIFICATE ----- \$325

LICENSE, CEREMONY, & RUSH L.A. COUNTY CERTIFICATE ----- \$385

OTHER ----- \$ _____

SUNDAY _____ HOLIDAY _____ EXTRA GUESTS _____

AFTER HOUR FEE _____ ----- \$ _____

TOTAL ----- \$ _____

PAYMENT ----- \$ _____

BALANCE ----- \$ _____

DATE & PLACE OF MARRIAGE _____

KIND OF CEREMONY

CIVIL & SPIRITUAL _____ CIVIL ONLY _____

FULLY SPIRITUAL _____

CEREMONY LANGUAGE

ENGLISH _____ SPANISH _____ BILINGUAL _____

HUSBAND'S D.L OR I.D. N^o AND EXPIRATION DATE: _____

WIFE'S D.L. OR I.D. N^o AND EXPIRATION DATE: _____