ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)	Reserved for Clerk's File Stamp
_	
TELEPHONE NO. FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
DECLESE AND ODDED FOR DELEGAT	CASE NUMBER:
REQUEST AND ORDER FOR RELEASE OF CONFIDENTIAL MARRIAGE RECORD	
EX PARTE	DEPARTMENT:
record of the persons named above.  2. My interest in this matter is:	
a. □ I am related to one of the persons named in this application. (Sprelationship to that person):	seemy to withen person you are related and describe you
b. □ I am not related to a person named in in this application.	
3. There is good cause for release of the marriage record to me because (s	specify):
☐ Continued in Attachment 3.	
declare under penalty of perjury under the laws of the State of California thattachment is true and correct.	at the information I have provided on this form and any
Pate:	
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)

_ IN THE MATTER OF (Names):				CASE NUMBER:	
			ORDER		
Reques	st and Order for Re	elease of Confidential N	Marriage Record (date):		
a.	☐ is denied.				
b.	•	riage record of	der the Los Angeles County Registrar-Rec and	corder/County Clerk to release a certified for the reasons set forth in	
C.	☐ is set for hear in Department _ the parties and the	hearing on (date): at (time): ent Unless otherwise directed by the court, the Petitioner must serve copies of this order on and their attorneys of record and file the proof of service with the court, at least nine court days before the hearing.			
Date: <sub>_</sub>			Judicial Officer		
			-Clerk's Certificate	·-	
		I certify that this Request and Order for Release of Confidential Marriage License is a true and correct copy of the original on file in the court.			
		Date:	Clerk, by	, Deputy	