

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor
Registrar of Voters



JIM MCCLURE
Asst. County Clerk, Recorder and Assessor

COUNTY CLERK, RECORDER AND ASSESSOR

MARRIAGE APPOINTMENT REQUEST AND PAYMENT AUTHORIZATION FORM VISA/MASTERCARD/DISCOVER/DEBIT ONLY (AMERICAN EXPRESS NOT ACCEPTED) Non-Refundable Reservation Fee: \$23.00

IMPORTANT: A marriage license must be obtained prior to your scheduled ceremony appointment or at the time of your appointment. It is your responsibility to ensure you have a valid marriage license and meet all of the marriage requirements prior to your ceremony.

Bride's full name: _____
Groom's full name: _____

Type of appointment requested: __ Marriage Ceremony Only __ Marriage License AND Ceremony
At least one marriage ceremony witness required. Check if requesting we provide the witness: ____
Indicate Requested Marriage Appointment Date (Mon-Fri Only): ____/____/____
Month Day Year

Select the Requested Appointment Location/Branch Office and Preferred Ceremony time:

Select Location	Requested Location	Requested Time	Available Times
	1100 Anacapa Street, Hall of Records, Santa Barbara		9:00am – 4:00pm only
	511 E. Lakeside Parkway, Santa Maria		9:00am – 3:30pm only
	401 E. Cypress St., Lompoc		9:00am – 4:00pm only

The requested appointment date **is not** a guaranteed date. Availability of appointments are determined upon receipt of the reservation payment or receipt of the payment authorization form. If your requested appointment date is not available at time of payment receipt, you will be contacted for an alternative appointment date.

This form can be faxed to **(805) 737-7708**, or appointment and payment can be made in person at the appropriate branch office. Upon scheduling of your appointment, you will receive an appointment confirmation letter with the formalities and rules governing your marriage appointment.

Requestor Name: _____ **Cell Phone #:** (____) _____
Requestor Email Address (specify if case sensitive): _____
Cardholder (name as appears on credit card): _____
Credit Card Number: _____ **Exp Date:** ____ / ____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Cardholder Phone Number: (____) _____

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card a \$23.00 non-refundable reservation fee, plus \$1.50 credit/debit card convenience fee.

Cardholder Signature: _____ **Date:** _____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

OFFICE USE ONLY

Card Approved: ____ Card Declined: ____
Credit Card Processing Date: ____/____/____ Authorization Number: _____
Riims Transaction Number: _____