



**AFFIDAVIT OF MARRIAGE**

I DECLARE THAT THE INFORMATION BELOW IS TRUE AND CORRECT:

I AM UNABLE TO SECURE A COPY OF MY MARRIAGE CERTIFICATE. TO RECEIVE HEALTH BENEFIT COVERAGE THROUGH THE COUNTY OF RIVERSIDE'S HEALTH CARE PLAN(S), I

CERTIFY THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, IN THE YEAR \_\_\_\_\_,  
(DAY OF MONTH) (MONTH) (YEAR)

IN THE STATE OF \_\_\_\_\_, THAT I, \_\_\_\_\_,  
(PRINT YOUR NAME)

WAS LEGALLY AND CEREMONIALLY MARRIED TO \_\_\_\_\_.  
(SPOUSE NAME)

\_\_\_\_\_  
(SIGNATURE OF EMPLOYEE OR RETIREE)

**ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_,

On \_\_\_\_\_, Before me \_\_\_\_\_,  
(NAME OF NOTARY PUBLIC)

Personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature (s) on the instruments the person (s), or the entity upon behalf of which the person (s) acted, executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)



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