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Reply to Section: \_\_\_\_\_  
Refer to: \_\_\_\_\_

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## AFFIDAVIT OF MARRIAGE

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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 PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT PROGRAM, I CERTIFY THAT ON THE

\_\_\_\_ DAY OF \_\_\_\_\_, IN THE YEAR \_\_\_\_\_,  
(DAY OF MONTH) (MONTH)

IN THE STATE OF \_\_\_\_\_,

THAT I, \_\_\_\_\_, WAS LEGALLY AND  
(Print Name)

CEREMONIALLY MARRIED TO \_\_\_\_\_.  
(Print Name)

\_\_\_\_\_  
Signature of principal

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## ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

on \_\_\_\_\_, before me, \_\_\_\_\_,

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

(Seal)