

## Office of Employer and Member Health Services P.O. Box 942714 Sacramento, CA 94229-2714 (888) CalPERS (225-7377) TDD - (916) 795-3240 FAX (916) 795-1277

Reply to Section:	
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## **AFFIDAVIT OF MARRIAGE**

I DECLARE THAT THE INFORMATION BELOW IS TRUE AND CORRECT:

T DECLARE THAT THE INFORMATION BELOW IS	TRUE AND CORRECT:	
I AM UNABLE TO SECURE A COPY OF MY MARK	RIAGE CERTIFICATE.	
TO RECEIVE HEALTH BENEFIT COVERAGE THROUG	H THE PUBLIC EMPLOYEES' MEDICAL AND	
HOSPITAL CARE ACT PROGRAM, I CERTIFY THAT ON	N THE	
DAY OF		
IN THE STATE OF	,	
THAT I,(Print Name)	, WAS LEGALLY AND	
(Print Name)		
CEREMONIALLY MARRIED TO	·	
(Print Name)		
Signature of principal		
ACKNOWLEDGEMENT OF	NOTARY PUBLIC	
State of County	u of	
State of, County	y 0i	
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 / hel		
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:		
Withess my hand and official seal.		
Cirmetone of Notes: Dublic		
Signature of Notary Public	(Seal)	

PERS-HBSD-1965 (1/05)