

SOS

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RECORDED DOCUMENT REQUEST

THIS REQUEST IS BEING PROCESSED FOR: (please type or print legibly)

Date: _____

Document Type: BIRTH DEATH MARRIAGE RECORDED

Phone: _____

Your Name: _____

Fax: _____

Company Name: _____

Email: _____

Address: _____

Return Options: Email Fax Mail Route Overnight

City/State/Zip: _____

Account #: _____

Ref./Order/Escrow #: _____

Account Type: FedEx GSO

PLEASE SEND: PLAIN NON-CERTIFIED COPY CERTIFIED COPY Special Requests/Other Information:

County: _____

KIND OF INSTRUMENT	BOOK	PAGE	SERIES NUMBER	DATE (MM/DD/YYYY)	OR	DEEDS

CERTIFICATE OF LIVE BIRTH

County of Live Birth: _____

Special Requests/Other Information: _____

Full Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Mother's Maiden Name: _____

CERTIFICATE OF DEATH

County of Death: _____

Special Requests/Other Information: _____

Full Name: _____

Date of Death: _____
(MM/DD/YYYY)

COPY OF MARRIAGE RECORD

Full Name of 1st Party: _____

Special Requests/Other Information: _____

Full Name of 2nd Party: _____

Date of Marriage: _____
(MM/DD/YYYY)

City: _____

(where marriage license was issued)