



Civil Marriage Ceremony Registration Form



NAME: _____
(please print legibly)

Address: _____

Home/Cell Phone: _____

Email: _____

NAME: _____
(please print legibly)

Address: _____

Home/Cell Phone: _____

Email: _____

Scheduled Ceremony: _____
(time & date)

Witness (optional): _____

Signature: _____ Signature: _____

Date: _____

Scan and return this form to: Lisette Chel-Walker, City Clerk lchel@lagunabeachcity.net