



SAN MATEO COUNTY
HEALTH SYSTEM – Office of Vital Statistics

225-37th Avenue San Mateo, CA 94403 Telephone 650.573.2395 Fax 650.573.2576 www.smchealth.org

APPLICATION TO BE USED FOR THE PUBLIC AND NON-PUBLIC AGENCIES
APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD

Type of Vital Record

Birth \$30/each **(cash or check only)** Were you adopted?* Yes No Death \$23/each **(cash or check only)**

As required by law, if no record is found, we will retain a Search Fee equal to the amount of the certificate and a "Certificate of No Public Record" will be issued.

The California Health and Safety Code, Section 103526 permits only authorized persons as defined below to receive certified copies of birth or death records. Those who are not authorized to receive a certified copy, will receive a certified copy marked 'INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.'

Please indicate whether you would like an Official Certified Copy or an Informational Copy

Official Certified Copy
 You must indicate your relationship to the person named on the vital record from the list below.

Informational Certified Copy
 You are NOT required to select from the list below in order to receive an Informational Copy.

I am: (Please check the appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> The registrant on record | <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant |
| <input type="checkbox"/> A parent or legal guardian of the registrant | <input type="checkbox"/> An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. |
| <input type="checkbox"/> A party entitled to receive the record as a result of a court order, or an attorney of a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. | <input type="checkbox"/> An agent or employee of a funeral establishment ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code. |
| <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. | |

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) - Please include a self-addressed envelope if mailing

Printed Name of Person Completing Application

Residential Address – Number, Street City State Zip Code

Telephone # Purpose of Request

Name of Person Receiving copies **if different from person completing application – Please include an addressed envelope if mailing**

Mailing Address **if different from above** City State Zip Code

Total # of copies purchasing	Dollar amount enclosed – Check payable to Office of Vital Statistics \$	Driver's License # (or other gov't issued ID)	Clerk's Initials	For Office Use Only: RECORD #
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CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

First Name Middle Name Last Name Sex

City of Birth or Death County of Birth or Death

Date of Birth or Death (Month, Day, Year) Mother/Parent Birth Name

Father/Parent Name **(For Birth Record only)** Name of Spouse – Husband or Wife of Decedent **(For Death Record only)**

* If the certificate is for someone who was adopted, make the request in the adopted name. If you are requesting a copy of the original birth certificate, you must provide a court order releasing the original sealed record. Mail request and application to: Office of Vital Records MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410 or you may contact the State Office 916.445.2684.

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526c, and am eligible to receive a certified copy of the birth or death record of the following individual:

Table with 2 columns: Name of Person Listed on Certificate, Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

The remaining information must be completed in the presence of a Notary Public or Office of Vital Statistic staff.

Subscribed to this ____ day of _____, 20____, at _____, _____.

Applicant's Signature

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____
(Insert name and title of the officer)

who 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 instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(SEAL)

SIGNATURE OF NOTARY PUBLIC