



**SAN MATEO COUNTY
HEALTH – Office of Vital Statistics**

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

**Application for Certified Copy of BIRTH Record
For the Public and Non-Public Agencies**

Type of Vital Record (Birth \$30 – Cash, Check, VISA or MasterCard Only) Were you adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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.			
Please indicate whether you would like an Official Certified Copy or an Informational Copy.			
The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."			
<input type="checkbox"/> Official Certified Copy (You must indicate your relationship to the person named on the vital record from the list below.)		<input type="checkbox"/> 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 if requesting a Certified Copy)			
<input type="checkbox"/> The registrant on record		<input type="checkbox"/> A parent or legal guardian of the registrant	
<input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner 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 death record in order to comply with the requirements of Section 3140 or 7603 of the Family 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			
Print Name of Person Completing this Application		Driver's License # (or other gov't issued ID)	
Residential Address - Number, Street		City	State Zip Code
Telephone Number	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 \$	Clerk's Initials	For Office Use Only: Record #
Registrant Information – Please provide the BIRTH information below.			
For BIRTH RECORD			
First Name		Middle	Last Name Sex
Place of Birth – City or Town		County	
Date of Birth – Month, Day, Year	Father/Parent Name		Mother/Parent Name
NOTICE:			
<ul style="list-style-type: none"> • The Sworn Statement and Acknowledgment are not required when requesting an Informational Copy. • Applications for an "Official Certified Copy" received by mail must be accompanied by this sworn and notarized statement. • Please make check or money order payable to: Office of Vital Statistics. • Applications for official copies received by mail must be accompanied by the notarized statement on back. • Please mail application to – 225-37th Avenue San Mateo, CA 94403. • 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, _____, swear 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 103526 (c), and am eligible to receive a certified copy of the birth, death or marriage record of the following individual(s):

Name of Person(s) Listed on Certificate	Relationship to Person Listed on Certificate

Sworn this _____ day of _____, 20____, at _____, _____.

(Day) (Month) (City) (State)

(Signature)

CERTIFICATE OF ACKNOWLEDGMENT

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 _____ } ss.
County of _____

On _____, before me, _____, personally
(insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.

(Notary Seal - Must be Legible)

Notary Signature