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?  ☐ Yes  ☐ 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.”

☐ 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 if requesting a Certified Copy)

☐ The registrant on record  ☐ A parent or legal guardian of the registrant

☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant  ☐ 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

☐ 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  ☐ 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:

• 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):

<table>
<thead>
<tr>
<th>Name of Person(s) Listed on Certificate</th>
<th>Relationship to Person Listed on Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________________________

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