



# SAN MATEO COUNTY HEALTH – Office of Vital Records

1600 W. Hillsdale Blvd #203 San Mateo, CA 94402 Telephone 650.573.2395 [www.smchealth.org](http://www.smchealth.org)

**MAIL APPLICATION TO: P.O. BOX 5127 REDWOOD CITY, CA 94063**

## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

**Birth Certificate \$34 per copy – In person you can pay with Cash, Check, VISA or MasterCard Only**

Our office only has records from year 1966-Present, if requesting prior records please contact Assessor-Clerk Recorder at 650-363-4500. If the request is for someone who was adopted, please contact CDPH at 916-445-2684 or [cdph.ca.gov](http://cdph.ca.gov)

**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 or a licensed adoption agency seeking the birth 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

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 Records**  
\$

Driver License # (or other gov’t issued ID)

**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 FOR MAILED APPLICATIONS ONLY:**

- Applications for an “Official Certified Copy” received must be accompanied with a notarized sworn statement and certificate of acknowledgement (second page of this application).
- Informational Certified Copy request do not require notarized statement.
- Only check or money order payable to: Office of Vital Records will be accepted. (We cannot accept cash or credit card).
- **Please mail application to Vital Records at P.O. BOX 5127 Redwood City, CA 94063**

# 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:

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate <b>(Must Be a Relationship Listed on Page 1 of Application)</b>

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.

(day) (month) (city) (state)

\_\_\_\_\_  
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.

(Notary Seal - Must be Legible)

\_\_\_\_\_  
Notary Signature