



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 FOR CERTIFIED COPY OF A FEE EXEMPT VA CERTIFIED CERTIFICATE

Government Code Section 6107 mandates fee exceptions for certified copies of public records used to claim benefits offered by the Veterans Administration. Under this code, only the following persons are entitled to this fee exception:

Please Check the Appropriate Box

- The person who is subject of the record upon presentation of proper photo identification.
- A family member or legal representative of the person who is the subject of the record upon presentation of proper photo identification and certification of their relationship to the subject of the record.
- A county office that provides veteran's benefits services upon written request of that office.
- A United States official upon written request of that official. A public officer or employee is liable on his or her official bond for failure or refusal to render the services.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name of Person Completing Application	Telephone Number		
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Residential Address – Number, Street	City	State	Zip Code
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Name of Person at Veteran's Administration Office Receiving copy – Please include an addressed envelope			
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Mailing Address of Veteran's Administration Office	City	State	Zip Code
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VA Copy			With pending	With cause	With amendments	For Office Use Only: RECORD #
1						

DECEDENT OR REGISTRANT INFORMATION (PLEASE PRINT OR TYPE)

First Name	Middle Name	Last Name
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AKA	Date of Birth or Death	City of Birth or Death
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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 Government Code Section 6107, and am eligible to receive a fee exempt VA certified copy of the record of the following individual:

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 _____, _____.

(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.
(SEAL)

SIGNATURE OF NOTARY PUBLIC