

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Printed Name)

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 or death record of the following individual(s):

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

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

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Signature)

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

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) ss
 County of _____)

On _____, before me personally appeared _____,

personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose

name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
 (NOTARY SEAL)

 NOTARY SIGNATURE

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**DO NOT Complete This Application Before Reading the Instructions on Page 2**

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

Fee: \$15 per copy (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." (A Sworn Statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.
- 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. (Companies representing a government agency must provide authorization from the government agency.)
- A child, grandparent, grandchild, brother or sister, 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. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Today's Date: _____

Printed Name and Signature of Person Completing Application		Purpose of Request		Telephone – Area Code First ()	
Address – Number, Street		City	State	ZIP Code	
Name of Person Receiving Copies, if Different From Above		Number of Copies		Amount Enclosed	
Mailing Address for Copies, if Different From Above		City	State	ZIP Code	

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE) Adopted: No Yes (If Yes, see #4 on Page 2 for more information)

Name on Certificate – Last Name (Birth Name if Married)		Name on Certificate – First Name		Name on Certificate – Middle Name	
City of Birth			County of Birth		
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
Name on Certificate – Father's Last Name		Name on Certificate – Father's First Name		Name on Certificate – Father's Middle Name	
Name on Certificate – Mother's Maiden Name		Name on Certificate – Mother's First Name		Name on Certificate – Mother's Middle Name	