

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

\$29.00 PER COPY

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THE APPLICATION.

- CERTIFICATE TYPE:** I am requesting an AUTHORIZED COPY (notarized sworn statement required)
 I am requesting an INFORMATIONAL COPY

Part 1 - Relationship to Person on Certificate (Registrant): *Check appropriate box.*

- The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
- 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.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.

Part 2 - Birth Record Information: *Complete the information below as shown on the birth record.*

- Requesting sealed record (if checked, see #3 on instructions page)

FIRST Name		MIDDLE Name		LAST Name	
City of Birth (must be California)		County of Birth		Date of Birth - MM/DD/YYYY (or approximate date)	
Parent FIRST Name	Parent LAST Name at Birth	Parent FIRST Name	Parent LAST Name at Birth		

Part 3 - Applicant Information: *Please PRINT all information legibly.*

Agency Use (if applicable)

Agency Name			Case/ID Number		
Applicant Name		Mailing Address: Number, Street, and Unit # (if applicable)			
Zip Code	City	State/Province		Country	
Telephone (include area code)		Email Address		Reason for Request	

Application Checklist:

<input type="checkbox"/> Check/Money Order Enclosed (No Cash)	<input type="checkbox"/> Notarized Sworn Statement Enclosed (if applicable)	Number of Copies _____
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You may view current processing times at www.cdph.ca.gov

BIRTH



SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
 (Applicant's Printed Name)

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 certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

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

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

 (Applicant's 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 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)

