

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on Page 2 of this form).

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.” Please indicate whether you would like a Certified Copy or a certified Informational Copy.

I would like a Certified Copy of the record identified on the application form. (In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)

I would like a certified Informational Copy of the record identified on the application form. (You are not required to select from the list below in order to receive an Informational Copy.)

I am:

- The registrant 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.
- 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. (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.)

STOP! DO NOT complete the rest of this form before reading the detailed instructions on Page 2.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Requesting Record		Today’s Date	Telephone Number – Area Code First	
Address – Number, Street		City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	No. of Copies	Amount Enclosed	E-mail Address	
Mailing Address for Copies, If Different From Above	City		State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First Name	Name on Certificate – Middle Name	Name on Certificate – Last Name		
City or Town of Birth		Place of Birth – County		
Date of Birth – Month, Day, Year (If unknown, enter approximate date of birth)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
Name on Certificate – Father’s First Name	Name on Certificate – Father’s Middle Name	Name on Certificate – Father’s Last Name		
Name on Certificate – Mother’s First Name	Name on Certificate – Mother’s Middle Name	Name on Certificate – Mother’s Last Name		

INFORMATION: Birth records have been maintained in the Office of the State Registrar of Vital Statistics since July 1, 1905. The only records of earlier events are delayed birth certificates and court ordered delayed birth certificates registered as provided by law.

INSTRUCTIONS

1. If you are requesting a certified Informational Copy, check the appropriate box on Page 1 and complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting a regular Certified Copy, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Records staff. We will be moving August 7, 2003, from our present location at 304 S Street, Sacramento, CA, to 1501 Capitol Avenue, Room 71.1110, Sacramento, CA. We will reopen for business at the new location on August 12, 2003. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.
3. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the Applicant Information section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under Birth Certificate Information. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. If the registrant has been adopted, please make the request in the adopted name.
5. Submit \$15 for each certified copy requested. If no record of the birth is found, the \$15 fee will be retained for searching as required by statute and a Certificate of No Public Record will be issued.

Office of Vital Records
MS 5103
P.O. Box 730241
Sacramento, CA 94244 -0241

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 cannot be completed online -- it 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 the Notary Public.

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

AUTHORIZATION LETTER

By signing this letter below I authorize **BirthCertificatePassports.com** as my legal representative in obtaining this certificate on my behalf.

I have read and understand the California application and I am requesting this certificate within the specified requirements.

I authorize all charges for processing this request to be charged to the credit card below. Please ship the document to the address listed below.

Credit Card # _____

Expires _____ V-Code _____

Billing Name and Address:

Shipping Address: (Must be to certificate holder)

Requestor Signature: _____

Credit Card Signature: _____

Delivery Method: Overnight Courier

Date Needed By: _____

Has this certificate ever been changed or amended? Yes No

Is this an Adoption? Yes No