

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

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

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth or death records. Those who are not authorized by law to receive an authorized certified copy will receive an certified informational copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**
Please indicate whether you would like a Certified Copy or a Certified Informational Copy.

<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.	<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" . (You are NOT required to select from the list in order to receive an Informational Copy.)
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To receive a Certified Copy I am:

- The registrant, or 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.
- A funeral director ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

REGISTRANT INFORMATION: **Birth (\$14)** Were you adopted? Yes No **Death (\$12)**

APPLICANT INFORMATION (Please read this statement prior to completing and signing the form)

I swear under penalty of perjury that I am an authorized person as defined in Ca Health & Safety code Section , 103526 (c) listed above and am eligible to receive a certified copy of the birth or death record identified on this application form.

Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number ()
Address – Number, Street		City	State ZIP Code
Name of Person Receiving Copies, if Different from Above	No. of Copies	Amount Enclosed	
Mailing Address (If different from above)	City	State	ZIP Code

REGISTRANT INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First		Middle	Last	Sex
BIRTH CERT	Place of Birth – City or Town	Date of Birth (If unknown, enter approximate date of birth)		
	Name of Father/Parent	Maiden Name of Mother/Parent		
DEATH CERT	Date of Death (Or Period of Years to be Searched)	Place of Death – City or Town		

For Official Use Only			
Type of Certificate <input type="checkbox"/> Birth <input type="checkbox"/> Death	Clerk's Initials	Date Copy Issued	Type Issued <input type="checkbox"/> Certified <input type="checkbox"/> Informational
Certificate #	Bond Paper #		DL/ID #

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 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individuals (s):

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

Sworn 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.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
County of _____)

On _____ before me, _____ personally appeared _____,

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)

NOTARY SIGNATURE



San Joaquin County
Office of Assessor-Recorder-County Clerk
44 N. San Joaquin St., Suite 260
Stockton CA 95202
(209) 468-8075

INSTRUCTIONS

1. Complete the front of this form.
2. You will need a separate application form for each different record of birth or death.
3. 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 **Registrant Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
4. **If you submit your order in person:**
After completing the front side of the application, please come to the Vitals window. If you are applying for an Authorized Certified Copy, you must sign a sworn statement in the presence of the Clerk/Recorder staff. **DO NOT SIGN THE SWORN STATEMENT UNTIL ASKED TO DO SO.**

If you submit your request by mail:
If you are only requesting an Informational Copy, go to step 6.
If you are requesting an Authorized Certified Copy, you must complete the attached **SWORN STATEMENT 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 or death certificate you wish to obtain and your relationship to that individual.** (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
5. If submitting your request by mail, remember to identify each certificate requested on the sworn statement.
6. Submit **\$14** for **each** copy of a birth certificate and **\$12** for **each** copy of a death certificate. If you are mailing your request, indicate the number of copies you wish and include sufficient money with this application in the form of a personal check or postal or bank money order (International Money Order only for out-of-country requests), made payable to the **San Joaquin County Recorder**. Mail this application with the fee(s) and a self-addressed, stamped envelope to the San Joaquin County Recorder, PO Box 1968, Stockton, CA 95201.



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