

### APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

**NOTICE: Applications for official copy received by mail must be accompanied by the notarized statement on back.**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth and/or death 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 an Informational Copy.

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| <input checked="" type="checkbox"/> I would like an <b>Official Certified Copy</b> of the record identified on the application form.<br><i>(You must indicate your relationship to the person named on the application form by selecting from the list below.)</i> | <input type="checkbox"/> I would like an <b>Informational Certified Copy</b> of the record identified on the application form<br><i>(You are NOT required to sign or select from the list below in order to receive an Informational Copy.)</i> |
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I am:

- The registrant on record.
- 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.
- An agent or employee of a funeral establishment 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.

**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 of Person Completing Application	Signature & Sworn this ____ day of _____, 200__.
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Residential Address – Number, Street	City	State	ZIP Code
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Mailing Address, if Different From Above	Telephone Number (    )
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Number of copies purchasing	Dollar amount enclosed	Driver's License # (or other gov't issued ID)	Clerk's initials
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**REGISTRANT INFORMATION**     **BIRTH (\$17)** Were you adopted? Yes  No                        **DEATH (\$12)**

Name – First (Given)	Middle	Last (Family)	Sex
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<b>FOR BIRTH RECORD</b> Place – City or Town	County	Date of Birth - Month, Day, Year
Mother's Maiden Name	Father's Name	

<b>FOR DEATH RECORD</b> Place – City or Town	County	Date of Death - Month, Day, Year
Mother's Maiden Name	Name of Spouse (Husband or Wife of Decedent)	

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**NOTICE: Applications for an "Official certified copy" received by mail must be accompanied by this sworn AND notarized statement.**

**SWORN STATEMENT**

I, \_\_\_\_\_, swear 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

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, at \_\_\_\_\_,  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

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 SIGNATURE

NOTARY SEAL