



(MAIL-IN) APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

See Instructions on Page 3

SECTION A

Indicate the quantity of each item you would like to purchase, total enclosed, and method of payment.

ITEM	QTY	PRICE	TOTAL
Birth Certificate		x \$17.00	= \$
Death Certificate		x \$12.00	= \$
Stillbirth Certificate		x \$9.00	= \$
Fetal Death Certificate		x \$9.00	= \$
TOTAL ENCLOSED			\$

METHOD OF PAYMENT
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____
<input type="checkbox"/> Money Order

SECTION B

Indicate the type of certified copy you are requesting.

- Unrestricted Certified Copy** of the record identified on the application form. *Identification is required.*
- Informational Certified Copy** of the record identified on the application form. *Skip to Section C.*

For an Unrestricted Certified Copy, I am:

- 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 requirements of the Family Code. A certified copy of documentation is required.
- Any **law enforcement** or state or local government representative, 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 certified copy of documentation is required.
- Any agent or employee of a **funeral establishment** ordering certified copies of a death certificate on behalf of their client.

SECTION C

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Organization Name _____→		Telephone Number with Area Code, in case clarification is needed.
First & Last Name _____→		
Address – Number, Street _____→		Today's Date
City, State & ZIP Code _____→		

CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

First (Given) Name of Child or Decedent	Middle Name	Last (Family) Name	Sex
Place of Birth (Name of Hospital or Home) OR	City of Death	County of Birth or Death	Date of Birth or Death MO-DY-YR
Mother's Maiden Name		Name of Father/Parent <u>First</u>	

OFFICE USE ONLY

Local File Number	ID Type	ID #	Staff Initial	Date Run
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SECTION D

Only to be completed by authorized persons requesting a Certified Copy of a birth or death record.
Not required for Fetal Death Certificates or Stillbirth Certificates.

Funeral Establishments, law enforcement, and government representatives conducting official business are exempt from the notarization requirement.

SWORN STATEMENT

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

am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an

unrestricted certified copy of the birth or death record of the following individual:

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

Subscribed to this _____ day of _____, 2010, at _____, _____.
(Day) (Month) (City) (State)

(Signature)

STOP! You must sign the sworn statement above only in the presence of a Notary Public, and have it 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 whose name is subscribed to within the 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. 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

MAIL-IN INSTRUCTIONS

INFORMATION: Copies of birth and death certificates are kept at the Santa Clara County Public Health Department for the current year and one previous year. After this time, copies may be obtained from the Santa Clara County Clerk-Recorder's Office, 70 West Hedding Street, San Jose, CA, 95110, for the same fee(s).

SECTION A: Indicate the quantity of each item you would like to purchase, total enclosed, and method of payment. Forms of acceptable payment are personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to *Vital Records Office*.

Confidential Information: There is a bottom portion of the birth and fetal death certificate (entitled "Confidential Information for Public Health Use") which contains confidential personal information (race, occupation, and medical data - including pregnancy history). It can be included on an authorized copy only when specifically requested by the parent as listed on the certificate. Because the confidential portion contains very personal information, it is not commonly used (or needed) for identification, travel, school, or sports-related purposes. If requesting a birth or fetal death certificate that contains the confidential portion, write "With Confidential Info" on the bottom of the application.

SECTION B: Indicate the type of certified copy you are requesting, **Unrestricted Certified Copy** or **Informational Certified Copy**. Both documents are certified copies of the original document on file with our office and contain the same information. An **Unrestricted Certified Copy** is used to establish the identity of a registrant and can be issued only to authorized individuals, as listed on Page 1, Section B. All others will be issued an **Informational Certified Copy** that is not valid to establish identity. If you would like an Unrestricted Certified Copy, you must indicate your relationship to the registrant. Identification is required. For court orders, powers of attorney, or other legal documents assigning representation rights, a certified copy of the documentation is required. If you would like an Informational Copy, skip to Section C.

SECTION C: Complete the **Applicant Information** section including Organization Name (if applicable), First and Last Name of Person Completing the Application, Address as you would like the certificate(s) to be mailed to, Telephone Number, and Today's Date.

Complete the **Certificate Information** section with as much information as possible to identify the record. **NOTE:** if the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. If no record of the birth or death is found, the fee(s) paid will be retained for searching as required by statute and a Certificate of No Public Record will be issued.

SECTION D: If you are requesting an Unrestricted Certified Copy via a Mail-In Application, you must swear under penalty of perjury that you are an authorized person to receive such a copy by signing the **Sworn Statement** (on Page 2 in SECTION D) and **sign only in the presence of a Notary Public**. The Notary Public should then notarize the **Certificate of Acknowledgement** (in the same section). Persons requesting a fetal death certificate or stillbirth certificate are not required to complete this section.

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 want to obtain and your relationship to that individual.

Funeral Establishments, law enforcement, and government representatives are exempt from the notarization requirement and should use the APPLICATION FOR DEATH-RELATED PURCHASES or IN-PERSON APPLICATION instead. Go to <http://www.sccphd.org/vitalrecords> to download.

MAILING: Mail this application with the appropriate fee(s) and applicable documentation to the Vital Records Office, [976 Lenzen Avenue](#), San Jose, CA 95126. Normal application processing is between 1-3 weeks. ****For faster service, apply in-person using the IN-PERSON APPLICATION.**