

APPLICATION FOR A CERTIFIED COPY OF A BIRTH OR DEATH RECORD

NOTICE: Orders received by mail must be accompanied by the Sworn Statement and the notarized Certificate of Acknowledgment located on the next page (see the instructions on the first page).

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

I would like a Certified Copy of the record identified on the application form. (In order to receive an unrestricted Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)	I would like an Informational Copy of the record identified on the application form. (You are <u>not</u> required to select from the list below in order to receive a Restricted Informational Copy.)
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I am: *(Complete this section only if you are requesting a Certified Copy.)*

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.

STOP! DO NOT complete the rest of this form before reading the detailed instruction.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name of Requesting Person	Signature of Requesting Person X	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	Driver's License No. of Requesting Person	
Mailing Address for Copies, if Different from Above	City	State	Zip Code	

CERTIFICATE INFORMATION-BIRTH OR DEATH CERTIFICATES ONLY (PLEASE PRINT OR TYPE)

Name on Certificate - First Name		Name on Certificate - Middle Name		Name on Certificate - Last Name	
City or Town of Event	Place of Event - County	Date of Event - Month, Day, Year		Sex	Social Security No. (<i>Death Cert.</i>)
Name of Father on Certificate - First Name (<i>Birth Cert.</i>)		Father's Name on Certificate - Middle Name		Father's Name on Certificate - Last Name	
Name of Mother on Certificate - First Name (<i>Birth Cert.</i>)		Mother's Name on Certificate-Middle Name		Mother's Name on Certificate- Maiden Name	
Name of Spouse on Certificate-First Name (<i>Death Cert.</i>)		Name of Spouse on Certificate-Middle Name		Name of Spouse on Certificate - Last Name	

Clear Form

Form for Mail-In request ONLY

SANTA CRUZ COUNTY RECORDER

INSTRUCTIONS FOR REQUESTING A CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE

The provides certified copies of Birth and Death records for events taking place within Santa Cruz County.

1. To request a **Certified Copy** of either a birth or death record, you must complete the **Application for a Certified Copy of a Birth or Death Record** included with this document. All requests must include the **Sworn Statement** of the applicant identifying his/her relationship to the individual named on the certificate. The **Sworn Statement** must be signed in the presence of the Recorder's staff when making a request **in person at** the Recorder's Office. **Applications submitted through the mail** must **also** include the **notarized Certificate of Acknowledgment** (**sign the Sworn Statement in the presence of the notary public**). When requesting certified copies for multiple individuals through the mail, **up to four names** may be listed on the **Sworn Statement** and collectively notarized; however, a separate **Application for a Certified Copy of a Birth or Death Record** must be completed for **each** name that appears on the certified copy and for which a request is being made. (Funeral directors are exempt from the notarized Certificate of Acknowledgement requirement, Health and Safety Code Section 7100(a) 1-5).
2. To request a **Certified Informational Copy** of a birth or death record, complete the **Applicant and Certificate Information** Sections only on the "Application for a Certified Copy of a Birth or Death Record" (a Certified Informational Copy is stamped "**Informational, Not A Valid Document to Establish Identify**" and does **not** require proof of relationship nor the notarized **Certificate of Acknowledgment**).

Note: A certified copy to obtain a driver's license, passport, social security number, or to register for insurance coverage, may require a **Certified Copy** as opposed to the **Certified Informational Copy**, please check with the appropriate agency prior to submitting your request.

3. Complete all required sections as described in #1-2 above, and **SIGN** the application as required and indicated by an **X**. Incomplete applications may result in an unfound record and the \$28 (birth) or \$21 (death) fee will be retained to cover the cost of the search (Health & Safety Code Section 103650).
4. Submit the appropriate fee as indicated below in the form of a personal check, postal or bank money order:
 - a. **Birth Certificates. \$28 for each** requested certified copy.
 - b. **Death Certificates. \$21 for each** requested certified copy.

Payable to: **Santa Cruz County Recorder**

Mail to: **Santa Cruz County Recorder
701 Ocean Street, Room 230
Santa Cruz, CA 95060**

Phone: **(831) 454-2800** *(Please do not hesitate to call if you need assistance.)*

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California,
(Print Name)
that I am an authorized person, as defined in California Health and Safety Code 103526 (c), and am eligible to
receive a certified copy of the birth or death record of the following individual(s):

Table with 2 columns: Name of Person Listed on Certificate, Requestor's Relationship to Person on Certificate

Sworn this _____ day of _____, 20____ at _____, _____
(Day) (Month) (City) (State)

X

(Signature)

IMPORTANT NOTE: If submitting request by mail, you must have your sworn statement notarized using the
Certificate of Acknowledgement below.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) SS
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 behlf 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.

NOTARY SIGNATURE

Witness my hand and official seal.
(NOTARY SEAL)