

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 **not** required to select from the list below in order to receive a **Restricted Informational Copy**.)

(Complete this section only if you are requesting a Certified 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.

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 | |

