

MAIL APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD

\$32.00 PER COPY – Birth records from the past two years.

Please review the Instructions page before completing this form.

(Per State Law, Sacramento County Vital Records' fees are non-refundable)

Birth Certificate Information

Date of Birth (MM/DD/YYYY):	Number of copies:
Name on Certificate (First Middle Last):	
City and/or Hospital of Birth:	
Mother's Maiden Name (First Middle Last):	

Please indicate your relationship to the registrant by selecting from the list below. A valid government issued photo ID is required for requesting authorized certified copies.

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a Birth Record:

<input type="checkbox"/>	A parent or legal guardian of the registrant (name listed on the certificate). (Legal guardian must provide documentation.)
<input type="checkbox"/>	A grandparent or sibling of the registrant.
<input type="checkbox"/>	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 copy of the court order is required.)
<input type="checkbox"/>	A member of a law enforcement agency or representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
<input type="checkbox"/>	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. (Please include a copy of the power of attorney or supporting documentation.)
<input type="checkbox"/>	Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

Applicant Information

Name:	Telephone Number:
Mailing Address:	
City, State, Zip Code:	

Complete the notarized Sworn Statement on the following page if requesting authorized certified copies.

Return the completed application with payment to:

Mail: Sacramento County Vital Records
7001-A East Parkway, Suite 650
Sacramento, CA 95823

Office Use Only:

Local File #:	Banknote Paper #:	Deputy's Initials:
ID:	Date Processed:	Notes:

Sworn Statement

To obtain **AUTHORIZED** certified copies, the following statement must be completed by the applicant and acknowledged by a Notary Public using the certificate form provided below. Failure to submit a notarized Sworn Statement could result in processing delays. Applicants requesting only **INFORMATIONAL** copies do not need to complete the 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 & Safety Code section 103526(c), and am eligible to receive an authorized certified copy of the birth or death record of the following individual:

Applicant's printed name

Name of Registrant (Person identified on the certificate)	Applicant's Relationship to Registrant (Must be an authorized person)

(The remaining information must be completed in the presence of a Notary Public)

Subscribed to this _____ day of _____, 20____, at _____.
(Day) (Month) (Year) (City) (State)

(Applicant's Signature)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

On _____ before me, _____, personally appeared
(Date) (Insert name and title of the officer)

_____, who proved to me on the basis of satisfactory evidence to be the
(Applicant's Name)

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.

(SIGNATURE OF NOTARY PUBLIC)

WITNESS my hand and official seal.
(SEAL)

Instructions

As part of statewide efforts to prevent identity theft, California law requires this office to issue 2 different types of certified copies: **authorized** and **informational**. Both types are certified copies of the original.

An **authorized certified copy** establishes the identity of the registrant (the child identified on the certificate). Only individuals who are authorized by Health and Safety Code section 103526 can obtain an authorized certified copy of a birth record. (The second section of the application identifies the individuals who are authorized to make the request.) Applicants requesting an authorized certified copy must complete the **Sworn Statement**, declaring that they are eligible to receive the authorized certified copy.

All other individuals are issued an informational certified copy, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

First Section – Birth Record Information

Provide all the information you have available to identify the record. If the information provided is incomplete or inaccurate, the record may be impossible to locate. For the requested record, please indicate the number of certified copies desired.

Second Section – Authorized Certified Copy

To request an authorized certified copy, you (the applicant) must indicate your relationship to the registrant (the child identified on the certificate) and complete the **Sworn Statement** on page 2 witnessed by a Notary Public, declaring under penalty of perjury that you are eligible to receive the authorized certified copy. You will also need to have the **Certificate of Acknowledgement** completed by a Notary Public. Applicants who cannot claim a relationship authorized by Health and Safety Code section 103526 are issued an **informational certified copy**, which is marked "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Third Section – Applicant Information

Enter your name, address, and daytime telephone number in the space provided. Your telephone number is required for the fulfillment of your order and may be used in case we have questions regarding your order.

Fourth Section – Payment by Check/Money Order Only

Mail the completed application along with a check or money order to our office at the address shown on page 1 of the application or below. Payments must be made in U.S. dollars in the form of a personal check, cashier's check, certified check, traveler's check, or money order. Make checks payable to: Sacramento County Vital Records. A returned check fee of \$53.00 will be charged on all returned checks (Sacramento County Code section 2.01.030).

Fees

The fee is \$32.00 for each certified copy. Per State Law, Sacramento County Vital Records' fees are non-refundable.

For questions or for further assistance, please contact our office:

**Sacramento County Vital Records
7001-A East Parkway, Suite 650
Sacramento, CA 95823**

Telephone: 916-875-5345