

# GOVERNMENT AGENCY APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

**PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING**

**Applicant** (Information & Mailing Address of Person/Agency)

Name:	
Street Address:	
City, State, Zip Code	

### **Registrant Information:**

**Number of copies requested:** \_\_\_\_\_

Birth Record  (\$24.00 ea.)

Death Record  (\$26.00 ea.)

Name on Certificate: \_\_\_\_\_

Date of Birth/Death: \_\_\_\_\_ Hospital of Birth/City of Death: \_\_\_\_\_  
MM/DD/YYYY

Mother's Maiden Name:

## **Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Department/Division:

To obtain an authorized certified copy, you must check the box below.

I am:

A member of a law enforcement agency or a 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).**

**Sworn Statement:**

I, \_\_\_\_\_ declare under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an authorized certified copy of the birth or death record identified on this application form.

Declared this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
Day Month Year City

Signature:

## **Office Use Only:**

**Applicant (Person requesting certified copy) Information & Mailing Address:**

Print or type your complete name and address.

NOTE: This box is used as a mailing label for your copies.

**Phone Number:**

Print or type your complete telephone number including area code.

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**Registrant Information:**

Print or type number of copies requested

Check if birth or death record

Print or type name of birth or death

Print or type date of birth or death

Print or type hospital of birth or city of death

Print or type mother's maiden name

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**Applicant Information:**

Print or type name of applicant

Print or type address of department/division

Print or type name of department/division

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**Important:**

If you are a member of a law enforcement agency or a representative of another governmental agency, as proved by law, who is conducting official business, please check the box indicating that you are obtaining a certified copy of a birth/death record.

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**Sworn Statement:**

Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth or death record to complete and sign a sworn statement under penalty of perjury. Please print your name in the space provided, complete the date and then sign the sworn statement.

Mail ALL copies of the application form and appropriate fees, with check or money order ONLY payable to:

**Sacramento County Vital Records**

**Inter-Office Mail Code: 37-600C**

**7001 East Parkway, Suite 650**

**Sacramento, CA 95823**

**Information line:**

**(916) 875-2066**

**Sacramento County Vital Records is not responsible for lost, stolen or misdirected mail. As an option, attach a paid certified envelope to ensure delivery of your request.**