

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

- Print or type your complete name and address.

NOTE: If mailed, this box is used as a mailing label for your copies.

Phone Number:

- Print or type your complete telephone number including area code.

Applicant Information: Person or Agency requesting Certified Copies:

Please place a check in the appropriate box describing your relationship to the person named on the certificate.

NOTE: A valid government issued photo ID is required for requesting authorized certified copies.

The California Health and Safety code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. If you are not an authorized person, a certified informational copy is available. Imprinted on the face of the copy will be "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." (Sworn Statement & Notary not required for a certified informational copy.)

Per the Health and Safety code, section 103526(c) the following are authorized persons to purchase a certified copy of a birth certificate:

- A parent or legal guardian of the registrant.
- A grandparent, sibling of the registrant.
- A party entitled to receive the record as a result of a court order.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- 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.
- Appointed rights in a power of attorney, or an executor of the registrant's estate.

103526(b) Other; Any person or agency not authorized per the above will receive a certified informational copy.

Birth Certificate Information:

Print or type number of copies requested. (At this time, only cash, checks or money orders are accepted.)

Print or type name of person on the certificate.

Print or type date of birth.

Print or type hospital of birth.

Print or type mother's maiden name.

Sworn Statement:

DO NOT COMPLETE THIS PORTION UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT. Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign a sworn statement under penalty of perjury.

Certificate of Acknowledgement:

Complete entire application then take to a notary public. Complete and sign the sworn statement in front of the notary public. Request the notary to acknowledge your signature in the sworn statement.

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

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

**Information line:
(916) 875-5345**

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.