

APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A BIRTH RECORD

CERTIFICATE TYPE REQUESTED: _____ AUTHORIZED CERTIFIED COPY (COMPLETE ALL SECTIONS)
(PARENTS, PLEASE CHECK AUTHORIZED CERTIFIED COPY)
_____ INFORMATIONAL ONLY (COMPLETE SECTIONS 1 & 2 ONLY)

<p>1. Birth Information: Number of copies requested: _____</p> <p>Name: _____ First Middle Last</p> <p>Date of Birth: _____ Hospital: _____ Month, Day, Year</p> <p>Circle one: Male Female</p> <p>Name of Mother: : _____ First Middle Last</p> <p>Name of Father: : _____ First Middle Last</p> <hr/>
<p>2. Your Information:</p> <p>Name: _____ First Middle Last</p> <p>Mailing Address: _____ Number and Street City State Zip Code</p> <p>Telephone Number (_____) _____</p> <hr/>
<p>3. To obtain an authorized certified copy you must check the appropriate box below:</p> <p>I am:</p> <p><input type="checkbox"/> A parent or legal guardian of the registrant or registrant.</p> <p><input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.</p> <p><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 death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.</p> <p><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.</p> <p><input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.</p>

****** PLEASE READ ******

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

(For notary listings, please check your telephone directory.)

Statement of Oath

4. I, _____ am the _____, swear
Your Printed Name Your relationship to registrant
under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525 (c) and am eligible to receive the authorized certified copy(s) of the death record identified on the application form.

Sworn: _____ At: _____
Date City, State

Signature: _____

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGEMENT

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
(here insert name and title of the officer)

_____, 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 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.

WITNESS my hand and official seal.
(SEAL)

SIGNATURE