

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

California law (Health and Safety Code Section 103526), permits only authorized individuals as listed on the application to receive certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive a certified informational copy with the legend, **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

Please indicate the type of certified copy you are requesting:

| | |
|---|---|
| <input type="checkbox"/> I am requesting a Certified AUTHORIZED copy | <input type="checkbox"/> I am requesting a Certified INFORMATIONAL copy (A Sworn Statement does not need to be provided.) |
|---|---|

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

Fee: **\$28 per copy** (payable to **Shasta County Public Health**). **MAIL ORDERS SUBMIT CHECK, CASHIER’S CHECK OR MONEY ORDER ONLY**
 (Shasta County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered in the mail).

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The Sworn Statement **MUST BE NOTARIZED** unless you are a member of a law enforcement agency or a representative of a state or local government agency.

RELATIONSHIP:

| | |
|--|--|
| <input type="checkbox"/> Registrant <small>(Name on Certificate)</small> | <input type="checkbox"/> Child/Sibling of Registrant |
| <input type="checkbox"/> Grandparent/Grandchild of Registrant | <input type="checkbox"/> Spouse/State Registered Domestic Partner of Registrant <small>(CA Fam Code § 297)</small> |
| <input type="checkbox"/> Authorized by Court Order <small>(Include copy of the court order)</small> | <input type="checkbox"/> Attorney Representing Registrant or Registrant’s Estate |
| <input type="checkbox"/> Law Enforcement/Govt. Agency <small>(Conducting Official Business)</small> | <input type="checkbox"/> Attorney/Licensed Adoption Agency <small>(Under CA Family Code § 3140 or 7603)</small> |
| <input type="checkbox"/> Parent/Legal Guardian of Registrant <small>(Legal guardian must provide documentation)</small> | |
| <input type="checkbox"/> Power of Attorney/Executor of the Registrant’s Estate <small>(Include a copy of the power of attorney or supporting documentation identifying you as executor.)</small> | |

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today’s Date:

| | | | |
|--|----------|--|------------------|
| Agency Name (if applicable) | | Purpose of Request | |
| Print Name of Applicant | | Signature of Applicant | |
| Mailing Address – Number, Street | | Amount Enclosed \$ _____ | Number of Copies |
| City | | Name of Person Receiving Copies, if Different from Applicant | |
| State/Province | ZIP Code | Mailing Address for Copies, if Different from Applicant | |
| Daytime Telephone (include area code) () | County | City | State ZIP Code |

BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted: No Yes

| | | |
|--|--------------------|--------------------------|
| BIRTH FIRST Name | MIDDLE Name | LAST Name |
| City of Birth (must be in California) | | County of Birth |
| Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth) | | |
| Name of Parent - FIRST Name | MIDDLE Name | LAST - Birth Name |
| Name of Parent - FIRST Name | MIDDLE Name | LAST - Birth Name |

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicant's Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

| Name of Person Listed on Certificate | Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application) |
|--------------------------------------|--|
| | |
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| | |
| | |

(The remaining information must be completed in the presence of a Notary Public or Shasta County Recorder staff.)

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

(Applicant's 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 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 _____,
(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 OF NOTARY PUBLIC

INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal name on the birth record.

INSTRUCTIONS:

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

Confidential Information on Birth Record: some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of the California Department of Public Health website at: www.cdph.ca.gov. Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information.
5. **SWORN STATEMENT:**
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant – the relationship must be one of those identified on Page 1. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.**
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - If the application is being submitted in person, the Sworn Statement **must be signed in person at the counter and does not have to be notarized.**
 - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.
6. Submit \$28 for **each** copy requested. If no birth record is found, the \$28 fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **Shasta County Public Health. PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH (SHASTA COUNTY CANNOT BE HELD RESPONSIBLE FOR FEES PAID IN CASH THAT ARE LOST, MISDIRECTED, OR UNDELIVERED IN THE MAIL).** Mail completed application with the fee(s) to Shasta County Public Health at the address below.
7. **Mailing Completed Certificates:** completed certificates are mailed using the U.S. Postal Service.

Shasta County HHS, Public Health Branch
Vital Records Office
2650 Breslauer Way
Redding, CA 96001
(530) 225-5063
FAX (530) 245-6874