

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth, death, or marriage records. All others will be issued **Certified Informational Copies** marked 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 would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT</b> by selecting from the list below <b>AND COMPLETE THE ATTACHED SWORN STATEMENT</b> declaring that you are eligible to receive the Certified Copy. The Sworn Statement <b>MUST BE NOTARIZED</b> if the application is submitted by mail <b>unless you are a law enforcement or local or State governmental agency.</b> )	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, <b>"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."</b>  <b>(A Sworn Statement does not need to be provided.)</b>
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Fee: **NO FEE PER EXECUTIVE ORDER DUE TO THE CARR FIRE**

**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.**

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. **(Legal guardian must provide documentation)**
- 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. **(Please include a copy of the 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. **(Companies representing a government agency must provide authorization from the government agency.)**
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- 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. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor)**

**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				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) (    )	Country	City	State	ZIP Code

**BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE)    Adopted:     No     Yes    (If Yes, see #4 on Page 2)**

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)		Sex ___Female      ___Male
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, that I am an authorized  
 (Applicant’s Printed Name)

person, as defined in California Health and Safety Code Section 103526 (c), and that I am a victim of the Riverside, Shasta, Mariposa, Lake, Mendocino, or Napa County (Cranston, Carr, Ferguson, River, Ranch, or Steele) Fire and lost certified copies of birth, death, or marriage records as a result.

Pursuant to the Governor’s Proclamations of a State of Emergency, I am eligible to receive a free 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)

*(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records 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."
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. Mail completed application to Shasta County Recorder at the address below. Requests can also be emailed to vitalrequest@co.shasta.ca.us or faxed to **(530) 225-5152**.

Shasta County Recorder  
1450 Court Street, Suite 208  
Redding, CA 96001-1670  
vitalrequest@co.shasta.ca.us  
(530) 225-5678  
FAX (530) 225-5152