

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

FEE: \$17.00 EACH

The California Health & Safety Code, §103526, permits only authorized persons as defined below to receive authorized certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked "Informational is not a valid document to establish identity."

Please indicate whether you would like an Authorized Certified Copy or an Informational Copy.

To receive an Authorized Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below. If you are not required to select from the list below you may receive an Informational Copy.

I would like an **AUTHORIZED CERTIFIED** COPY

I would like an **INFORMATIONAL** COPY

TO RECEIVE A AUTHORIZED CERTIFIED COPY I AM:

The **registrant** (Person listed on the Certificate) or a **parent** or **legal guardian** of the registrant.

A **child, grandparent, grandchild, sibling, spouse, or domestic partner** of the registrant.

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 Family Code §3140 & 7603.

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

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. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)

NAME GIVEN BIRTH (First, Middle, Last) - NOMBRE DE NACIMIENTO (Primer, Segundo, Apellido)

NUMBER OF COPIES: _____

DATE OF BIRTH: Month/Day/Year – FECHA DE NACIMIENTO

CITY OF BIRTH - CIUDAD DE NACIMIENTO

NAME OF FATHER – NOMBRE DEL PADRE

NAME OF MOTHER (MAIDEN) NOMBRE DE MADRE DE SOLTERA

SWORN STATEMENT

I _____, declare under penalty of perjury under the laws of the State of California, 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 record identified on this application form.

DRIVERS LICENSE/ID:
PERSON REQUESTING RECORD

Sworn this _____ day of _____, _____ at _____, _____.
Day/Dia Month/Mes Year/Año City/Ciudad State

Applicants Signature/Su firma _____

IF COPY IS TO BE MAILED, PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE AND COMPLETE INFORMATION BELOW

NAME: _____
NOMBRE

STREET ADDRESS: _____
NUMERO Y CALLE

CITY/STATE/ZIP: _____
CIUDAD/ZONA POSTAL

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY. SEE BACK OF FORM.

IF MAILING OR FAXING APPLICATION, PLEASE PROVIDE A CONTACT PHONE NUMBER BELOW:

(_____) _____ - _____

MAIL REQUESTS TO:

County Clerk-Recorder
1055 Monterey St #D120
San Luis Obispo, CA 93408

Website: www.slocounty.ca.gov/clerk

Phone (805) 781-5080 ♦ Fax (805) 781-1111

OFFICE USE ONLY

DATE: _____ BK/PG: _____ CERT# _____ CLERK INITIALS: _____

NEW LAW EFFECTIVE JULY 1, 2003

Effective July 1, 2003, the California Health and Safety Code, Section 103526, will permit only authorized individuals to receive authorized certified copies of birth or death records. An Authorized Certified Copy of a birth certificate is required to obtain a driver's license, passport, social security card and other services related to an individual's identity. An Authorized Certified Copy of a death certificate may be required to obtain death benefits, claim insurance proceeds, notify social security and obtain other services related to an individual's identity. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"**.

In order to obtain an Authorized Certified Copy on or after July 1, 2003 you **MUST** complete the sworn statement on the front of this application for a record and sign the statement under penalty of perjury. If you mail your request, your sworn statement must be notarized.

If your mailed request indicates that you want an Authorized Certified Copy but does not include a signed statement sworn under penalty of perjury and an original certificate of identity, the request will be rejected as incomplete and returned to you without being processed.

The certificate of identity is required only for mail requests for copies and only for an Authorized Certified Copy- see above information. If you only require an Informational Copy, you do not need a completed certificate of identity.

If you are requesting multiple records, you must complete an application for each record, however only one certificate of identity is needed for all applications submitted concurrently. List names of records being requested below.

CERTIFICATE OF ACKNOWLEDGEMENT

State of _____)

County of _____)

On _____, before me, _____,
(INSERT NAME AND TITLE OF OFFICER)

personally appeared _____ who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument & acknowledged to me that he/she/their executed the same in his/her 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.
(NOTARY SEAL)

NOTARY SIGNATURE