

# APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

**FEE: \$21.00 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 eligible, you may receive an Informational Copy. See back for additional information.

- 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.)**

**(Along with the notarized request, a letter of authorization for pickup is required when the requesting party does not appear in person)**

**BIRTH CERTIFICATE INFORMATION:** (Please print or type) (If adopted, please see next page)

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

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

**CITY OF BIRTH:** CIUDAD DE NACIMIENTO

**NAME OF FATHER/PARENT:** – NOMBRE DEL PADRE

**NAME OF MOTHER/PARENT:(MAIDEN)** NOMBRE DE MADRE DE SOLTERA

**REQUESTOR'S NAME:** (Please print or type)

**RELATIONSHIP TO PERSON LISTED ON CERTIFICATE:**

**REQUESTOR'S DRIVER'S LICENSE/ID:**

**NUMBER OF COPIES:**

**CONTACT NUMBER IF MAILED/FAXED:**

( ) -

**REQUESTOR'S 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 I am eligible to receive a certified copy of the birth record identified on this application form.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.

Day/Dia      Month/Mes      Year/Año      City/Ciudad      State

Requestor's Signature/Su firma \_\_\_\_\_

**If requesting by mail or fax, Page 2 of this form must be completed.**

**FOR OFFICIAL USE ONLY:**

*Receipt Endorsement*

**BK/PG :** \_\_\_\_\_ **CERT #** \_\_\_\_\_

**CLERK INITIALS:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

*Call when ready*       *Hold for Customer to pick up*

*Send to North County*       *Other:* \_\_\_\_\_

**IF BIRTH 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 BY:**      Regular U.S. Mail            Overnight Service - Additional fees apply. Please call for overnight service fees.

**AUTHORIZED CERTIFIED REQUESTS SUBMITTED BY MAIL/FAX,  
MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY.**

**CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared  
(INSERT NAME AND TITLE OF OFFICER)

\_\_\_\_\_ 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

**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/fax your request, or authorize another individual to pick up 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 when the requestor is unable to appear in person but only for an Authorized Certified Copy- see above information. Along with the notarized request, a letter of authorization for pickup is required when the requesting party does not appear in person. 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.**

**If the registrant has been adopted, make the request in the adopted name. (If you are requesting a copy of the original birth certificate, you must provide a court order releasing the original sealed record to the State Office of Vital Records.**

**MAIL REQUESTS TO:**

**COUNTY CLERK-RECORDER  
1055 MONTEREY STREET #D120  
SAN LUIS OBISPO, CA 93408**

**WEBSITE: [WWW.SLOCOUNTY.CA.GOV/CLERK](http://WWW.SLOCOUNTY.CA.GOV/CLERK) ♦ PHONE (805) 781-5080 ♦ FAX (805) 781-1111**