APPLICATION FOR COPY OF BIRTH RECORD FEE: $28.00 EACH

INDICATE WHETHER YOU WOULD LIKE AN AUTHORIZED CERTIFIED COPY OR AN INFORMATIONAL COPY:

☐ **AUTHORIZED CERTIFIED** COPY

☐ **INFORMATIONAL CERTIFIED** COPY

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, not a valid document to establish identity."

TO RECEIVE AN 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 or §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 requesting a Certified Copy under a power of attorney, include a copy of the power of attorney with this application)

(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)	
Date of Birth: (Month/Day/Year)	City of Birth:
Name of Father/Parent:	Name of Mother/Parent: (Maiden)

REQUESTOR'S INFORMATION:

Requestor's Name:		Relationship to Person Listed on Certificate:
Requestors' Drivers License	Number of Copies Requested:	Phone Number: (_____) _____ - _____

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.

Subscribed this _____ day of_____ , _____ at _____ , _____.
Day Month Year City State

Requestor's Signature:_____

FOR REQUESTS NOT SUBMITTED IN PERSON, COMPLETE PAGE 2 OF THIS FORM.

FOR OFFICIAL USE ONLY:

BK/PG :_____ CERT #_____

CLERK INITIALS: _____ Date: _____

SPECIAL INSTRUCTIONS:

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

☐***Send to North County*** ☐***Other:_____***

Receipt Endorsement

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

Name: _____

Street Address: _____

City/State/Zip: _____

AUTHORIZED CERTIFIED REQUESTS NOT SUBMITTED IN PERSON MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

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
(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 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.

(NOTARY SEAL)

_____

Notary/Officer Signature

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.

SUBMIT REQUEST TO:

For births occurring under 2 years ago, submit requests to:

County Public Health Department
Attn: Vital Records
2191 Johnson Ave.
P.O. Box 1489
San Luis Obispo, CA 93401
(p) (805) 781-5514
(f) (805) 788-2999
Mon-Fri: 8:00 a.m. - 5:00 p.m.
www.slocounty.ca.gov/health/certificates

For births occurring over 2 years ago, submit requests to:

County Clerk-Recorder
1055 Monterey Street #D120
San Luis Obispo, CA 93408
vitals@co.slo.ca.us
(p) (805) 781-5080
(f) (805) 781-1111
Mon-Fri: 8:00 a.m. - 5:00 p.m.
www.slocounty.ca.gov/clerk

Clear Form

Print Form