MAIL APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A BIRTH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1

Birth Certificate Information: **Number of copies requested:** _____

Name: _____
First Middle Last

Date of Birth: _____ City of Birth: _____
Month, Day, Year

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Last

2

Applicant Information:

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

Delivery Address: _____
If different than above Number and Street City State Zip Code

Telephone Number: (____) _____
Area Code

3

To obtain an authorized certified copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below:

103526(c)(1) 103526(c)(2) 103526(c)(3) 103526(c)(4)

103526(c)(5) 103526(c)(6)

4

I, _____ swear under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an authorized certified copy of the birth record identified on this application form. Sworn this ___ day of _____ , _____ ,
At _____ Signature: _____

5

Certificate of Acknowledgement State of _____ County of _____

On _____ before me, _____, personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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 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 is true and correct.

Witness my hand and official seal.

_____ [Seal]
(Signature)

Office use only: Reel _____ Image _____ Cert. No. _____

Paper No. _____