

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD -- \$14.00

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form). If applying in person, our office service hours are 8:30 – 12:00 Noon and 1:00 – 4:00 pm.

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** You **cannot** obtain a driver's license, passport, social security card or apply for other services related to a person's identity with this type of certificate. Please indicate whether you would like a Certified Copy or an Informational Copy.

I would like a **Certified Copy** of the record identified on the application form. *(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)*

I would like an **Informational Copy** of the record identified on the application form *(You are not required to select from the list below in order to receive an Informational Copy.)*

I am:

- A parent or legal guardian 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 Section 3140 or 7603 of the Family Code.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, 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.

STOP! For mailed orders: DO NOT complete the rest of this form before reading detailed instructions on the back.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name **and Signature** of Person Completing Application		Today's Date	Telephone Number – Area Code First ()	
Address – Number, Street		City		State ZIP Code
Name of Person Receiving Copies, if Different From Above	* No. of Copies	Amount Enclosed	Pick up _____ Mail _____	
Mailing Address for Copies, if Different From Above		City, State, Zip Code		

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First Name		Name of Certificate – Middle Name		Name on Certificate – Last Name		Sex
City or Town of Birth		Place of Birth -- County		Date of Birth—Month, Day, Year (if unknown, enter approx. date)		
Name on Certificate – Father's First Name		Name on Certificate – Father's Middle Name		Name on Certificate –Father's Last Name		
Name on Certificate -- Mother's First Name		Name on Certificate – Mother's Middle Name		Name on Certificate – Mother's Last Name		

BIRTH

INFORMATION: Birth records are maintained in this office for the current year and the previous year. All other past years including the years mentioned above are kept at the County Recorder's office. Their phone number is 415-499-6092.

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Birth Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.
2. If you submit your order in person, you must:
 - ** Sign a sworn statement in the presence of an Office of Vital Statistics employee
 - ** Submit payment by check, postal or bank money order, or cash in the amount of \$14.00.
3. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **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 birth certificate you wish to obtain and your relationship to that individual.**
4. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
5. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the birth in the spaces under **Birth Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we can contact you when it is ready.
7. **We do not process requests over the phone.**
8. Submit **\$14** for **each** certified copy requested. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application in the form of a personal check, postal or bank money order made payable to **Marin County Health Department**. Mail this application with the fee(s) to Marin County Vital Statistics, 20 N. San Pedro Road, Suite 2006 San Rafael, CA, 94903.

Marin County Vital Statistics
20 N. San Pedro Road, Suite 2006
San Rafael, CA 94903

BIRTH

SWORN STATEMENT

