

## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

**DO NOT Complete This Application Before Reading the Instructions on Page 2**

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

Fee: **\$14 per copy** (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT</b> by selecting from the list below <b>AND COMPLETE THE ATTACHED SWORN STATEMENT</b> declaring that you are eligible to receive the Certified Copy. The Sworn Statement <b>MUST BE NOTARIZED</b> if the application is submitted by mail <b>unless you are a law enforcement or local or state governmental agency.</b> )	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, <b>"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."</b>  <b>(A Sworn Statement does not need to be provided.)</b>
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**NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.**

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or 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. *(Companies representing a government agency must provide authorization from the government agency.)*
- A child, grandparent, grandchild, brother or sister, 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. *(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.)*

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			Today's Date: _____		
Agency Name (if appropriate)	Agency Case No. (if appropriate)	Purpose of Request			
Printed Name <b>and Signature</b> of Applicant			Number of Copies	Amount Enclosed	
Mailing Address – Number, Street			Name of Person Receiving Copies, if Different from Applicant		
City	State / Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) (    )		Country	City	State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)			Adopted: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, see #4 on Page 2)		
BIRTH Name on Certificate (LAST)	FIRST Name on Certificate	MIDDLE Name on Certificate			
City of Birth (must be in California)			County of Birth		
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
BIRTH Name on Certificate – Father/Parent	FIRST Name on Certificate – Father/Parent	MIDDLE Name on Certificate – Father/Parent			
BIRTH Name on Certificate – Mother/Parent	FIRST Name on Certificate – Mother/Parent	MIDDLE Name on Certificate – Mother/Parent			

**INFORMATION:** Birth records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

*The “Birth” name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or Naturalization. AKA’s (Also Known As) and assumed names cannot be entered as the legal “Birth” name.*

**INSTRUCTIONS:**

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Birth Record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, “Informational, Not a Valid Document to Establish Identity.

**”Confidential Information on Birth Record:** Some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the Birth Certificate section of our website: [www.dhs.ca.gov](http://www.dhs.ca.gov) (then select “Services”). Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Certificate Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. (If you’re requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

**5. SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record, and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
 (Applicant's Printed Name)

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 or death record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

*(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
 (Day) (Month) (City) (State)

\_\_\_\_\_  
 (Applicant's Signature)

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

**CERTIFICATE OF ACKNOWLEDGMENT**

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

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

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
 (here insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are 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.  
 (SEAL)

\_\_\_\_\_  
 SIGNATURE

PLEASE USE CAPITAL LETTERS ON THE FORM BELOW  
ALL SALES ARE FINAL

Credit Card Number:	Expires:
Person's Name on Card:	CVC-Code:
Card Billing Address:	
City:	State / Zip:
E-Mail Address:	Tel #:

Credit Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize USA Birth Certificate Bureau to be my legal representative and to obtain my birth certificate.

USABCB will charge your credit card our fee upon receiving your request. **State Fees may appear on your credit card as VCN.** Once you fax your information to our office, we will process your request and notify you of any missing information or illegible documents. Please lighten and enlarge the copy of your driver's license or other ID before faxing.

USABCB will email a receipt confirming that we have processed your request within 2 business days.

**An adult must be present to sign for the certified documents. No PO Boxes will be accepted.** If no one is available to sign, the shipper will leave a note on the door (with a tracking number) to let you know that they have tried to deliver your package. You will need to follow the instructions on the door tag to coordinate delivery of your package.

If you do not have access to a fax machine or would prefer to mail this order form to our office, please use the address below. If you are going to mail this form and are paying with a money order, please call our office so we can confirm the total for your order.

If you do not receive your Birth Certificate within the stated processing time, please call us at the number below. We are not responsible to incorrect information on the form you submit. ALL SALES ARE FINAL.

**USA Birth Certificate Bureau**  
**1017 L Street # 439**  
**Sacramento, CA 95814**  
**Phone: 1-888-342-6501**  
**Fax: 916-745-4880**