

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.cdph.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.

6. Submit \$16 for **each** copy requested. If no birth record is found, the \$16 fee will be retained for searching the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **Office of Vital Records**. Mail this application with the fee(s) to the Office of Vital Records at the address below.

7. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records - MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

BIRTH

Page 2 of 3

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

104 -

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST		1B. MIDDLE		1C. LAST			
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.		3B. IF MULTIPLE BIRTHS, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR CITY			5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)				
	5C. CITY OR TOWN			5D. COUNTY				
FATHER OF CHILD	9A. NAME OF FATHER—FIRST		9B. MIDDLE		9C. LAST		9E. STATE OF BIRTH	9F. AGE OF FATHER
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST		9B. MIDDLE		9C. LAST (BIRTH NAME)		9E. STATE OF BIRTH	9F. AGE OF MOTHER
PARENT'S CERTIFICATION	1. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT—SIGNATURE		12B. RELATIONSHIP TO CHILD		12C. DATE SIGNED	
	1. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE		13B. LICENSE NUMBER		13C. DATE SIGNED	
ATTENDANT'S CERTIFICATION	14.		13D. TYPED NAME AND ADDRESS					
	15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE				17. DATE ACCEPTED FOR REGISTRATION	
LOCAL REGISTRAR								

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

FATHER	18. RACE/ETHNICITY		19. SPANISH/HISPANIC <input type="checkbox"/> NO		20A. USUAL OCCUPATION		20B. KIND OF BUSINESS OR INDUSTRY	
	21. RACE/ETHNICITY		22. SPANISH/HISPANIC <input type="checkbox"/> NO		23A. USUAL OCCUPATION		23B. KIND OF BUSINESS OR INDUSTRY	
MOTHER	24A. RESIDENCE (STREET, NUMBER OR LOCALITY)							
	24D. CITY OR TOWN				24E. STATE		24F. ZIP CODE	
	25A. DATE LAST NORMAL DELIVERY		25B. MONTH OF PREGNANCY PRENATAL CARE BEGAN (1ST, 2ND, ... 8TH, 9TH)		26. BIRTH WEIGHT (GRAMS)		27. PREGNANCY HISTORY (COMPLETE EACH SECTION)	
MEDICAL DATA	ENTER THE APPROPRIATE CODE OR CODES FOR EACH ITEM 28 THRU 32 FROM THE VS 10A SUPPLEMENTAL WORKSHEET: IF NONE CHECK—NONE				28. CESAREAN SECTION <input type="checkbox"/> NO		LIVE BIRTHS (DO NOT COUNT THIS CHILD)	
	29. COMPLICATION OF PREGNANCY AND CONCURRENT ILLNESSES <input type="checkbox"/> NONE				30. BIRTH INJURY TO CHILD <input type="checkbox"/> NONE		OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)	
	31. COMPLICATIONS OF LABOR AND DELIVERY <input type="checkbox"/> NONE				32. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD <input type="checkbox"/> NONE		BEFORE 20 WKS (NUMBER)	
							AFTER 20 WKS (NUMBER)	
STATE REGISTRAR	A.		B.		C.		D.	
	E.		F.		CENSUS TRACT			

NOTICE: THE INFORMATION YOU PROVIDE IN COMPLETING THE BOTTOM HALF OF THE BIRTH CERTIFICATE WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL BE USED FOR HEALTH AND MEDICAL PURPOSES ONLY.

VS 10 (REV.9-83)

PENALTY FOR UNAUTHORIZED RELEASE, \$500 FINE OR SIX MONTHS IMPRISONMENT

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: *David W. Mitchell*
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED

081166

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



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: **\$16 per copy** (payable to the Office of Vital Records).

FULL COPY

Please indicate the type of certified copy you are requesting:

<input checked="" type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency .)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, " INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY. " (A Sworn Statement does not need to be provided.)
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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 INDIAN ENROLLMENT		
Printed Name and Signature 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: No Yes (If Yes, see #4 on Page 2)

FIRST Name on Certificate		MIDDLE Name on Certificate	BIRTH LAST 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		
FIRST Name on Certificate – Father/Parent		MIDDLE Name on Certificate – Father/Parent	BIRTH LAST Name on Certificate – Father/Parent		
FIRST Name on Certificate – Mother/Parent		MIDDLE Name on Certificate – Mother/Parent	BIRTH LAST Name on Certificate – Mother/Parent		

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