

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526), permits only the authorized individuals as listed on the application to receive certified copies of birth or death records. All others will be issued **Certified Informational Copies** marked with the legend, "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.**"

Please indicate whether you would like a **Certified Copy** or an **Certified Informational Copy**.

<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 SWORN STATEMENT ON THE BACK OF THIS APPLICATION 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 government agency .)	<input type="checkbox"/> I would like an Certified Informational Copy of the record identified on the application form. (You are NOT required to select from the list in order to receive an 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 and redaction of signatures, the document contain the same information.

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

- The registrant (person listed on the **BIRTH** certificate), parent, or legal guardian of the registrant. (**Legal guardian must provide documentation.**)
- A party entitled to receive the record as a result of a court order, or attorney or licensed adoption agency seeking the birth record in order to comply with requirements of Section 3140 or 7603 of the Family Code. (**Please include a copy of court order.**)
- 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.
- An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders death certificates on behalf of individuals specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100
- Appointed rights in a power of attorney, or an executor of the registrant's estate. (**Please include a copy of the power of attorney, or supporting documentation identifying you as executor.**)

INDICATE TYPE REQUESTED. (Fees below are for each certified copy of the Registrant.)

BIRTH (\$28) Were you adopted? Yes No DEATH (\$21) FETAL DEATH (\$18)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				Today's Date:	
Printed Name and Signature of Person Completing Application		Agency Name (if applicable)		Daytime Telephone Number ()	
Address -Number, Street		City	State	Zip Code	Country
Name of Person Receiving Copies, If Different from Above			No. of Copies	Amount Enclosed - DO NOT SEND CASH	
Mailing Address (If different from above)		City	State	Zip Code	Country

REGISTRANT INFORMATION LISTED ON CERTIFICATE (PLEASE PRINT OR TYPE)

FIRST NAME	Middle Name	Last Name	Sex
BIRTH CERTIFICATE	Date of Birth (If unknown, enter approximate date of birth)		City of Birth (must be in San Joaquin County)
	Full Birth Name of Father/Parent		Full Birth Name of Mother/Parent
DEATH CERTIFICATE	Date of Death (Or Period of Years to be Searched)		Place of Death - City or Town

For Official Use Only

Type of Certificate <input type="checkbox"/> Birth <input type="checkbox"/> Death	Clerk's Initials	Date Copy Issued	Type Issued <input type="checkbox"/> Certified <input type="checkbox"/> Informational
Certificate #		Bond Paper #	DL/ID #

