

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 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.**)
- ☐ An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. Agent under power of attorney for health care, competent surviving spouse, surviving competent adult child, surviving competent parent, surviving competent adult sibling, surviving competent adult person respectively in the next degrees of kinship, conservator. (**DEATH certificate only**) (**Please include power of attorney for health care.**)

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

☐ BIRTH (\$34) Were you adopted? Yes ☐ No ☐ ☐ DEATH (\$26) ☐ FETAL DEATH (\$23)

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 #	

SWORN STATEMENT

I, _____, swear 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 an authorized 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 Front Page of Application)

(The remaining information must be completed in the presence of a Notary Public or San Joaquin County Records staff.)

Sworn this _____ day of _____, _____, at _____,
 (Day) (Month) (Year) (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

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
)
 County of _____)

On _____ before me, _____ personally appeared _____,
 (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 OF NOTARY PUBLIC

San Joaquin County
 Office of the Assessor-Recorder-County Clerk
 44 N. San Joaquin St. Suite 260
 Stockton, CA 95202
 (209) 468-3939