

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD
(SEE INSTRUCTIONS ON REVERSE)

SECTION A

(YOUR) APPLICANT INFORMATION (PLEASE PRINT)

First & Last Name →		Today's Date
Address – Number, Street →		Telephone Number with Area Code
City, State & ZIP Code →		Relationship to Baby Listed on Certificate

(BABY) CERTIFICATE INFORMATION (PLEASE PRINT)

First (Given) Name of Child/registrant	Middle Name	Last (Family) Name	Sex
Place of Birth (Name of Hospital or Home)	City of Birth	Date of Birth - MO-DY-YR	
Mother's Maiden Name	Name of Father/Parent		

SECTION B

- Unrestricted Certified Copy** of the record identified on the application form. *Identification is required.*
I am:
- ___A **parent** or legal guardian of the registrant.
 - ___A **grandparent** or **sibling** 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 requirements of the Family Code. A certified copy of documentation is required.
 - ___Any **law enforcement** or state or local government representative, who is conducting official business.

SECTION C

Indicate the quantity of each item you would like to purchase, total enclosed, and method of payment.

ITEM	QTY	PRICE	TOTAL
Birth Certificate		X \$32.00 each	= \$

METHOD OF PAYMENT – VIA MAIL Check # _____ Pay to Vital Registration Or Money Order
METHOD OF PAYMENT – IN PERSON ___ Credit/Debit + \$2.50 Proc Fee ___ Check# _____ Cash ___

VITAL REGISTRATION OFFICE USE ONLY

Date Processed	ID Type	ID#	Banknote Serial #	Staff Initial	LFN
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8/3/2016 (APP BIRTH-ENG-HOSP)

MAIL-IN INSTRUCTIONS

OPTION: You may omit the Notary process by bringing this application to the office in person with valid government-issued identification & payment and receive the birth certificate over the counter.

INFORMATION: Copies of birth certificates are kept at Contra Costa County Vital Registration for current year and one previous year. After this time, copies may be obtained from the Contra Costa County Clerk-Recorder's Office, 555 Escobar Street, Martinez, CA 94553, for the same fee(s). They can be reached at (925) 335-7900.

SECTION A: Complete the Applicant Information section, First and Last Name of person completing the application, Address you would like the certificate(s) to be mailed, Telephone Number and Today's Date.

SECTION B: An Unrestricted Certified Copy is used to establish the identity of a registrant and can be issued only to authorized individuals, as listed on Page 1, Section B. All others will be issued an informational Certified Copy that is not valid to establish identity. If you would like an Unrestricted Certified Copy, you must indicate your relationship to the registrant. Identification is required. For court orders, powers of attorney, or other legal documents assigning representation rights, a certified copy of the documentation is required.

SECTION C: Indicate quantity and method of payment either via mail or in person.

SECTION D: If you are requesting an Unrestricted Certified Copy via mail, you must swear under penalty of perjury that you are an authorized person to receive such a copy by signing the **Sworn Statement** (SECTION D) **in the presence of a Notary Public**. The Notary Public should then notarize the **Certificate of Acknowledgement** (in the same section). **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 want to obtain and your relationship to that individual.

MAILING: Mail this application with the appropriate fee(s) and applicable documentation to Vital Registration, 10 Douglas Drive, Ste 220, Martinez, CA 94553.

SECTION D Only to be completed by authorized persons requesting an unrestricted certified copy of a birth record
Law enforcement and government representatives conducting official business are exempt from the notarization requirement.

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, 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 record of the following individual(s).

Name of Baby Listed on Certificate	Your Relationship to Baby 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 Vital Registration staff.)

Sworn to this _____ day of _____, 20____, at _____, _____ State

Applicant's Signature

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgement must be completed by a Notary Public. If submitting your order in person, notarization is not necessary—Plan to date and sign the sworn statement in front of Vital Registration personnel and show current picture identification.

NOTARY: 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, _____, a notary public,

personally appeared, _____, 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 is true and correct. **WITNESS my hand and official seal:**

Signature: _____