APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **"Informational, Not A Valid Document to Establish Identity."**

Please indicate the type of certified copy you are requesting:

☐ 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**.)	☐ 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.)**

Fee: **$20 per copy** (payable to Mariposa County Recorder). **PLEASE SUBMIT CASHIER CHECK, MONEY ORDER OR CASH** (Mariposa County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

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 and Social Security Number, the documents contain the 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 **(legal guardian must provide documentation).**
- ☐ A party entitled to receive the record as a result of a court order **(include copy),** 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.	Purpose of Request
Print Name of Applicant		Signature of Applicant	
Mailing Address – Number, Street		Amount Enclosed – **DO NOT SEND CASH** **$**_____Check $ _____Money Order	Number of Copies
City		Name of Person Receiving Copies, if Different from Applicant	
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant	
Daytime Telephone (include area code) ( )	Country	City	State / ZIP Code

BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted: ☐ No ☐ Yes (If Yes, see #4 on Page 2)

BIRTH FIRST Name	**MIDDLE** Name	**LAST** Name
City of Birth (must be in California)		County of Birth
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)		Sex ___Female ___Male
Father/Parent FIRST Name	**MIDDLE** Name	**LAST** Name
Mother/Parent FIRST Name	**MIDDLE** Name	**LAST** Name

INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.
The 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 name on the birth record.

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 Record** section of the website at: www.cdph.ca.gov. 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 Record 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 the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are 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 $20 for **each** copy requested. If no birth record is found, the $20 fee will be retained for searching for 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 Cashier Check, cash or money order (International Money Order for out-of-country requests) made payable to Mariposa County Recorder. **(Mariposa County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).** Mail completed application with the fee(s) to the Mariposa County Recorder at the address below.

7. **Mailing Completed Certificates:** completed certificates are mailed using the U.S. Postal Service.

Mariposa County Recorder
P O Box 35
Mariposa, CA. 95338
(209) 966-5719

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, death, or marriage certificate 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.)

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 _____,
(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