

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

California law (Health and Safety Code Section 103526), permits only authorized individuals as listed on the application to receive certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive a certified informational copy with the legend, **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

Please indicate the type of certified copy you are requesting:

I am requesting a **Certified AUTHORIZED** copy I am requesting a **Certified INFORMATIONAL** copy

NOTE: Both documents are certified copies of the original document on file with the California Department of Public Health – Vital Records (CDPH-VR). With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The Sworn Statement **MUST BE NOTARIZED** unless you are a member of a law enforcement agency or a representative of a state or local government agency.

RELATIONSHIP:

- Registrant (Name on Certificate)
- Grandparent/Grandchild of Registrant
- Authorized by Court Order (Include copy of the court order.)
- Law Enforcement/Govt. Agency (Conducting Official Business)
- Parent/Legal Guardian of Registrant (Legal guardian must provide documentation.)
- Power of Attorney/Executor of the Registrant’s Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor.)
- Child/Sibling of Registrant
- Spouse/Registered Domestic Partner of Registrant
- Attorney Representing Registrant or Registrant’s Estate
- Attorney/Licensed Adoption Agency (Under CA Family Code § 3140 or 7603)

APPLICANT INFORMATION (PRINT OR TYPE) Today’s Date:

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Name of Person Completing Application		Signature of Applicant	Purpose of Request	<input type="checkbox"/> Check this box for CNPR Request
Mailing Address – Number, Street, and Unit # (if applicable)		Amount Enclosed – \$_____ Cashier Check \$_____ Money Order \$_____ Cash	Number of Copies	
City		Name of Person Receiving Copies if Different from Applicant		
State/Province	ZIP Code	Country	Mailing Address for Copies if Different from Applicant	
Daytime Telephone Number ()	Email Address	City	State	ZIP Code

BIRTH RECORD INFORMATION (PRINT OR TYPE) Adopted: No Yes (If Yes, see #4 on Page 2)
Complete the information below as shown on the birth record, to the best of your knowledge.

FIRST Name	MIDDLE Name	LAST Name
City of Birth (must be in California)		County of Birth
Date of Birth – MM/DD/YYYY (If unknown, enter approximate date)		
FIRST Name <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	MIDDLE	LAST (Birth/Before Marriage/Domestic Partnership)
FIRST Name <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	MIDDLE	LAST (Birth/Before Marriage/Domestic Partnership)

FEE: \$29 PER COPY (Payable to Mariposa County Recorder)
PLEASE SUBMIT CASHIER CHECK, MONEY ORDER OR CASH ONLY. NO PERSONAL CHECKS.
 (Mariposa County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

INFORMATION:

Birth records have been maintained by the California Department of Public Health – Vital Records (CDPH-VR) 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. AKAs (Also Known As) and assumed names cannot be entered as the legal name on the birth record.

INSTRUCTIONS:

1. **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 CDPH-VR website at: www.cdph.ca.gov. Only specific individuals may obtain confidential copies.

2. Complete a separate application for each different 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, CDPH-VR may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.
5. If you require documentation that a birth record **does not** exist, check the box for CNPR (Certificate of No Public Record) Request on the application.

6. 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 that is identified on Page 1. **Only one sworn statement is required for multiple records.**
- 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.**
- A Sworn Statement notarized by a foreign notary must have an apostille attached. An Apostille is a certificate that authenticates a document for use in another country. Foreign notarizations obtained from an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign country do not require an apostille.
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

7. Submit \$29 for **each** copy requested. If no birth record is found, the 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 personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **Mariposa County Recorder**. **PLEASE SUBMIT CASHIER CHECK (NO PERSONAL CHECKS), MONEY ORDER, OR CASH ONLY.** (Mariposa County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

8. Mail completed applications with the fee(s) to:

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 or CDPH 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.) Only one sworn statement is required for multiple records.

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