

Please complete the reverse of this page

County of San Diego - Health and Human Services Agency
Public Health Services - Office of Vital Records and Statistics
 APPLICATION FOR A BIRTH CERTIFICATE
 OR CERTIFICATION OF NO PUBLIC RECORD
 \$28.00 Fee per Certificate

Per California State Law, Health and Safety Code, Section 103526(c), permits only authorized persons as defined below to request authorized certified copies of Birth Records. Those who are not authorized by Law to receive a certified copy will receive an informational certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

FOR OFFICIAL USE ONLY

Type of identification provided, if processed in person:

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Military ID
<input type="checkbox"/> Passport	<input type="checkbox"/> Other

If we cannot identify the record based on the information you provided, State Law requires that we retain the fee and issue a **“Letter of No Record”**.

- | | |
|--|---|
| <input type="checkbox"/> I would like an Authorized Certified Copy of the record identified on the application form. <i>(In order to receive an Authorized Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)</i> | <input type="checkbox"/> I would like an Informational Certified Copy of the record identified on the application form. <i>(You are not required to select from the list below or complete the statement of identity.)</i> |
|--|---|

- I am:
- The registrant or a parent or legal guardian of the registrant.
 - A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
 - A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
 - A party entitled to receive records 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 Section 3140 or 7603 of the Family Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Name of Person Completing Application	Today's Date	Telephone Number – (Area Code First)	
Address – Number, Street	City	State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Mother's maiden name

Name of child (First)	Middle	Last (Family)	Date of Birth
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Number of Copies Requested:

COUNTY USE ONLY:

BC _____ \$ _____	Year _____	Registration # _____
Receipt Signature _____	Search Fee _____ \$ _____	BN # _____
	BY: _____	DATE: _____

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am
(Print Name)
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 Person Listed on Certificate	Number of Copies	Applicant's Relationship to Person Listed on Certificate

Subscribed to this _____ day of _____, 20____, at _____, _____.
(Day) (Month) (Yr) (City) (State)

(Applicant's Signature)

Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgment below. The notary is only verifying the identity of the person requesting the copy not the relationship to the registrant. Only one notarization is required even though the requestor may have a different authorized relationship to each being requested, (i.e. Mother on one request, Registrant on another request, etc.).

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 to the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____ County of _____

On _____ before me, _____, Notary Public,
(Insert name of the officer)

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 paragraph is true and correct.

WITNESS my hand and official seal

Personally Known **OR** Produced Identification.

Type of Identification produced _____

NOTARY SIGNATURE

Please mail this request along with your payment (check or money order payable to County of San Diego Public Health Services) to:

Office of Vital Records
3851 Rosecrans St. - Suite 802 MS -P529
San Diego, CA 92110