



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
\$34.00 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." 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."

FOR OFFICIAL USE ONLY
Type of identification provided, if processed in person:
[] Driver's License [] Military ID
[] Passport [] Other

[] I would like an Authorized Certified Copy of the record identified on the application form. 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 would like an Information Certified Copy of the record identified on the application form. You are not required to select from the list below or complete the statement of identity.

- I am:
[] The registrant or a parent or legal guardian of the registrant (Legal guardian must provide documentation).
[] 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, 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. Please include a copy of the court order.

APPLICATION 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 - Complete the information below as shown on the birth record.

First Name Middle Last Name Date of Birth
Mother's Maiden Name
Number of Copies Requested

COUNTY USE ONLY
BC \$ Year Registration #
BN # BY DATE
Receipt Signature

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am an
(Print Name)
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) (Year) (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 Acknowledgement 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 ACKNOWLEDGEMENT

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 be within instrument and acknowledgement 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.

<input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification. Type of Identification produced _____
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WITNESS my hand and official seal

NOTARY SIGNATURE

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

County of San Diego
Office of Vital Records
5530 Overland Avenue, Suite 170
San Diego, CA 92123