

APPLICATION FOR CERTIFIED COPIES OF A BIRTH RECORD

CERTIFICATE TYPE REQUESTED: _____ AUTHORIZED CERTIFIED COPY (COMPLETE ALL SECTIONS)
(PARENTS, PLEASE CHECK AUTHORIZED CERTIFIED COPY)
_____ INFORMATIONAL ONLY (COMPLETE SECTIONS 1 & 2 ONLY)

1. Birth Information:	Number of copies requested: _____
Name: _____	
First Middle Last	
Date of Birth: _____ Hospital: _____	
Month, Day, Year	
Circle one: Male Female	
Name of Mother: : _____	
First Middle Last	
Name of Father: : _____	
First Middle Last	
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2. Your Information:	
Name: _____	
First Middle Last	
Mailing Address: _____	
Number and Street City State Zip Code	
Telephone Number (_____) _____	
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3. To obtain an authorized certified copy you must check the appropriate box below:	
I am:	
_____ A parent or legal guardian of the registrant or registrant.	
_____ A child, grandparent, grandchild, sibling, spouse or domestic partner 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 death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.	
_____ 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.	
_____ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.	

******PLEASE READ******

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.)

(For notary listings, please check your telephone directory)

BIRTH

INFORMATION: Birth records are maintained in the Stanislaus County Vital Records office for the current year and one year previous.

INSTRUCTIONS FOR OBTAINING A BIRTH CERTIFICATE

1. If you are requesting a certified Informational Copy, complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting an Authorized Certified Copy, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Vital Records staff.
3. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public.
4. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
5. Complete the Applicant Information section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under Birth Certificate Information. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. If the registrant has been adopted, please make the request in the adopted name.
6. Submit \$28.00 for each certified copy requested. If no record of the birth is found, the \$28.00 fee may be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests) made payable to Vital Records. Mail this application with the fee(s) to:

Vital Records
917 Oakdale Rd.
Modesto, CA 95355

Statement of Oath

4. I, _____ am the _____, swear
Your Printed Name Your relationship to registrant
under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525 (c) and am eligible to receive the authorized certified copy(s) of the birth record identified on the application form.

Sworn: _____ At: _____
Date City, State

Signature: _____

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CERTIFICATE OF ACKNOWLEDGEMENT

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
(here 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