



APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.

- ❖ The registrant or a parent or legal guardian 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 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.
- ❖ A child, grandparent, grandchild, sibling, 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.
- ❖ Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS FOR AUTHORIZED COPIES MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

I am requesting an **AUTHORIZED** copy

I am requesting an **INFORMATIONAL** copy

| | | | |
|---|------------------|--|--|
| AGE LAST BIRTHDAY - EDAD CUMPLIDA | NUMBER OF COPIES | | |
| | NUMERO DE COPIAS | | |
| Month/Mes Day/Dia Year/Año | | | |
| Date of Birth - Fecha De Nacimiento | | | |
| NAME GIVEN AT BIRTH (first, middle, last) -NOMBRE DE NACIMIENTO (primer, segundo, apellido) | | | |
| CITY OF BIRTH - CIUDAD DE NACIMIENTO | | | |
| NAME OF FATHER - NOMRE DEL PADRE | | | |
| MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE | | | |
| RELATIONSHIP TO REGISTRANT (SEE ABOVE) - PARENTESCO CON LAS PERSONA REGISTRADA (VEASE ARRIBA) | | | |
| I _____ swear (or affirm) 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 an AUTHORIZED certified copy of the birth record identified on this application form. Sworn this _____ day of _____, _____ at _____ Signature_____ | | | |

FOR DPH USE ONLY

Receipt/Log #

BNPNS#

Veterans-See reverse side of first copy
Veteranos-Vean el dorso de la segunda copia

DL/ID_____ Phone Number_____

Complete your name and mailing address below. - *Escriba abajo su nombre y direccion.*

| | | |
|-------------------------------|--------------|-----------------|
| NAME/NOMBRE | | |
| STREET ADDRESS/NUMERO Y CALLE | | |
| CITY /CIUDAD | STATE/ESTADO | ZIP/ZONA POSTAL |

Cashier Copy



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