

APPLICATION FOR 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.

If applying in person the application must be signed in the presence of the cashier.

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			FOR RECORDER USE ONLY _____
Month/Mes Day/Día Year/Año				
Date of Birth – Fecha De Nacimiento				
NAME GIVEN AT BIRTH (first, middle, last) – NOMBRE DE NACIMIENTO (primero, segundo, apellido)				
CITY OF BIRTH – CIUDAD DE NACIMIENTO				File Number Searched _____
NAME OF FATHER – NOMBRE DEL PADRE				Doubled _____
MAIDEN NAME OF MOTHER – NOMBRE DE SOLTERA DE LA MADRE				Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS PERSONA REGISTRADA (VEÁSE ARRIBA)				
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date _____ Signature _____				

DL/ID _____

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

