

## 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 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			<b>FOR RECORDER USE ONLY</b>  _____  File Number Searched _____  Doubled _____
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				<b>Veterans-See reverse side of first copy</b> <b>Veteranos-Vean el dorso de la segunda copia</b>
NAME OF FATHER - NOMBRE DEL PADRE				
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE				
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

