APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

The California Health and Safety Code, Section 103526 permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate whether you would like a Certified Copy or a certified Informational Copy. *Y:\RECORDERS OFFICE\FORMS_Recorder\VITAL Forms\Application for Birth.doc*

( )	I would like a **CERTIFIED COPY** of the record identified on the application. *(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application by selecting from the list below).*	( )	I would like a Certified **INFORMATIONAL COPY** of the record identified on the application.
√	**FEE OF $20.00 & Sworn Statement Attached**	( )	**CLERKS USE ONLY** Faxed to: _____ Fax# ( )

I am:

( ) **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 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.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Requesting Record		Today's Date	Telephone Number ( ) -
Mailing Address	City	State	Zip
Person Receiving Copies, if Different from Above	No. of Copies	Amount $	Email Address

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate- FIRST Name	Name on Certificate- Middle Name	Name on Certificate- LAST Name
City or Town of Birth	County of Birth	
Date of Birth- Month, Day, Year (If unknown, enter approximate date)		Sex ( ) Female ( ) Male
Father's FIRST Name	Father's Middle Name	Father's LAST Name
Mother's FIRST Name	Mother's Middle Name	Mother's LAST Name

YOUR DAYTIME CONTACT NUMBER: ( ) -

Mail Request & Payment to: Mono County Vital Records, Attn: Debra
P.O. Box 237, Bridgeport, California 93517

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws
(Printed Name)
of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

NAME OF PERSON LISTED ON CERTIFICATE	RELATIONSHIP TO PERSON LISTED ON CERTIFICATE

Sworn this ____ day of _____, 20_____, at _____.
(day) (Month) (City)

_____.
(State)

_____
(Signature of Requesting Party)

State of _____, for the County of _____

NOTE: IF YOU ARE SUBMITTING THIS REQUEST BY MAIL, YOU MUST HAVE YOUR SWORN STATEMENT NOTARIZED USING THE CERTIFICATE OF ACKNOWLEDGEMENT BELOW:

Certificate of Acknowledgement
State of _____, for the County of _____
On _____ before me, _____,
(Date) (Name/Title of Officer)
personally appeared _____,
Name(s) of Signer(s)

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 (NOTARY SEAL):

_____
Signature of Notary

Title or Type of Document
_____

Number of Pages (Including this Acknowledgement) _____
Date of Document: _____

CAPACITY CLAIMED BY SIGNER

☐ Individual

☐ Corporate Officer(s)
Titles:

_____

☐ Partner(s)

☐ Attorney-in-Fact

☐ Trustee(s)

☐ Subscribing Witness

☐ Guardian/Conservator

☐ Other_____

SIGNER IS REPRESENTING:
Name of Person(s) or Entity(ies)

_____
_____
_____