



# MONO COUNTY 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 below whether you would like a Certified Copy or a Certified Informational Copy.

<input type="checkbox"/> I would like a <b>CERTIFIED COPY</b> of the record identified on this application. In order to receive a Certified Copy, you must indicate your relationship to the person named on the certificate by selecting from the list below. <b>(Sworn Statement must be NOTARIZED if the application is submitted by mail.)</b>	<input type="checkbox"/> I would like a Certified <b>INFORMATIONAL COPY</b> of the record identified on this application.
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**To receive a certified copy, 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)

<b>Printed Name of Person Requesting Record</b>	<b>Phone Number</b>	<b>Daytime Contact #</b>	<b>Email address</b>
<b>Signature of Person Requesting Record</b>	<b>Today's Date</b>	<b>Person receiving copies, if not requestor</b>	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

### BIRTH CERTIFICATE INFORMATION (Please print or type)

<b>Name on Certificate -</b>	First	Middle	Last
<b>City or Town of Birth</b>	<b>County of Birth</b>	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Father's Name -</b>	First	Middle	Last
<b>Mother's Name -</b>	First	Middle	Last

### INSTRUCTIONS

**Number of Copies Requested.** Send fee of **\$25** for each. Number of Copies \_\_\_ X \$25.00 = \_\_\_\_\_ Total \$ Sent

**Send Sworn Statement. It must be notarized if application is mailed.**

**Mail Request and Payment to:**

Mono County Vital Records  
Attn: Debra  
PO Box 237  
Bridgeport, CA 93517

<b>CLERKS USE ONLY</b>	
Date copies mailed	
Certificates used	
Record Number	



# MONO COUNTY SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws 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(s) Listed on Certificate	Relationship to Person(s) Listed on Certificate

Sworn this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
Signature of Requesting Party

**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):**

Capacity Claimed by Signer
<input type="checkbox"/> Individual
<input type="checkbox"/> Corporate Officer(s) Titles: _____
<input type="checkbox"/> Partner(s)
<input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Trustee
<input type="checkbox"/> Subscribing Witness
<input type="checkbox"/> Guardian/Conservator
<input type="checkbox"/> Other: _____
SIGNER IS REPRESENTING: Name of Person(s) or Entity(ies) _____ _____

\_\_\_\_\_  
Signature of Notary

Title or Type of Document \_\_\_\_\_  
No. of Pages (Including this Acknowledgement) \_\_\_\_\_

Date of Document \_\_\_\_\_