NEED A BIRTH CERTIFICATE?

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD DO NOT Complete the Application Before Reading the Instructions!

- 1. Complete a separate application form for each person whose birth record is requested.
- 2. An Authorized Certified Copy of a birth record will establish the identity of the registrant. An Informational Certified Copy contains the same information, but will not establish the identity of the registrant. California law permits only specified persons (as listed on the application) to receive Authorized Certified Copies of birth records. All others may only receive an Informational Certified Copy, marked with the legend "Informational, Not a Valid Document to Establish Identity."
- 3. In the top section of the application, specify whether you are requesting an Authorized Certified Copy or an Informational Certified Copy. If you are requesting only an Informational Certified Copy, you do not need to mark any of the five options on the list or submit the sworn statement on the last page; just complete the "Applicant Information" and "Birth Certificate Information" sections.
- 4. Complete the Applicant Information section and provide your printed name and your signature where indicated. Complete the Birth Certificate Information section, providing all the information you can. Be sure to give the registrant's full name. If the information you furnish is incomplete or inaccurate, we may not be able to find the record. If the registrant has been adopted, please make the request in the adopted name. (If you are requesting a copy of the original sealed birth certificate, you must apply to the State Office of Vital Records with a court order releasing the original sealed record.)

5. SWORN STATEMENT:

For an **Authorized Certified Copy** (which is needed in order to get a driver's license, passport, Social Security card, etc.), you must complete the top section of the application, identifying your relationship to the registrant, and you must sign the attached sworn statement.

If you *apply in person*, you must sign the sworn statement *in the presence of the Office of Vital Records staff*. If you *mail your request*, your sworn statement and signature must be notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or contact your banking institution.) Any request for an Authorized Certified Copy that does not include a notarized sworn statement will be returned without processing. Law enforcement and local and state government agencies are exempt from the notary requirement. PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.

6. Submit \$28 (cash, check or money order ONLY) for each Authorized Certified Copy or Informational Certified Copy requested. Indicate the number of copies you want and which type you want, and include sufficient payment with this application, in the form of a personal check or a postal or bank money order (International Money Order for out-of-country requests) made payable to HSA Vital Statistics.

7. Submit this application with the sworn statement and payment (cash, check, or money order only) to: (in person) (by mail, with sworn statement notarized)

Office of Vital Records 1430 Freedom Boulevard, Suite A Watsonville CA 95076 Office of Vital Records P.O. Box 962 Santa Cruz CA 95061

You must complete the application with the correct address information in order to insure prompt processing.

Contact Information:	Hours:
(831) 763-8430	Monday-Friday 9:00 am to 4:00 pm
Email: vitalstats@santacruzcounty.us	

For births **<u>BEFORE</u>** 2018, don't use this form. Contact the County Recorder's Office, 701 Ocean Street #230, Santa Cruz CA 95060; <u>http://www.co.santa-cruz.ca.us/rcd/recorders/birth&death/maincertificates.htm</u>; 831/454-2800.

If the birth occurred over six weeks ago, you can also order a birth certificate via the Internet, by logging onto <u>www.vitalchek.com</u>, using your credit card to process your request, for an additional fee of about \$13.

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

Santa Cruz County Office of Vital Records

DO NOT Complete This Application Before Reading the Instructions!

Please indicate whether you are requesting an Authorized Cert	ified Copy or an Informational Certified Copy.
I would like an Authorized Certified Copy . This copy will establish the identity of the registrant. To receive an Authorized Certified Copy, you must indicate your relationship to the registrant, by selecting from the following list, and complete the attached sworn statement. If applying by mail, you must have the sworn statement notarized (unless you are with a law enforcement agency or a state or local government agency).	□ I would like an Informational Certified Copy . This document will be printed with a legend that reads "Informational, Not a Valid Document to Establish Identity." For an Informational Certified Copy, you are not required to select from the list below or submit the sworn notarized statement; just complete the "Applicant Information" and "Birth Certificate Information" below.

I am (check one):

- $\hfill\square$ The registrant or a parent or legal guardian of the registrant.
- □ A child, grandparent, grandchild, sibling, spouse, or domestic partner 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 government agency, as provided by law, who is conducting official business.
- 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 you are requesting an Authorized Certified Copy under a power of attorney, include a copy of the power of attorney with this application form.)

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Child's First Name on Certificate	Child's Middle Name on Certificate	Child's Complete Last Name on Certificate
City or Town of Child's Birth		County of Child's Birth
Date of Birth – Month, Day, Year (If unknown	, enter approximate date of birth)	Sex 🗌 Female 🗌 Male
Father's First Name on Certificate	Father's Middle Name on Certificate	Father's Last Name on Certificate
Mother's First Name on Certificate	Mother's Middle Name on Certificate	Mother's Maiden Name

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Requesting Recor	d	Today's Date	Telephone Num ()	nber – Area Code First
Mailing Address – Number, Street	City		State	ZIP Code
Name of Person Receiving Copies, <i>if Different From Above</i>	No. of Copies	Amount Enclosed \$	E-mail Address	
Mailing Address for Copies, If Different From Above	City		State	ZIP Code

SWORN STATEMENT

I,	, declare, under penalty of perjury under the laws of the State of California,
(Your Printed Name)	

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):

	I on the Certificate	Your Relationship to the Child Listed or	n the Certificate
(The information below must be	completed in the presence of Office of	Vital Records staff or a Notary Public.)	
Declared this (Day)	day of, 20, 20	020, at(City)	,(State)
	-	(Your Signature)	
	only the identity of the individua	completing this certificate verifies I who signed the document to which not the truthfulness, accuracy, or	
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name is subscribed to the wi and that by his/her signature	only the identity of the individual this certificate is attached, and revalidity of that document. CERTIFICATE OF	ACKNOWLEDGMENT	e the person whose r authorized capacit executed the

NOTARY SIGNATURE