## 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)
Office of Vital Records
1430 Freedom Boulevard, Suite A
Watsonville CA 95076

(by mail, with sworn statement notarized)
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

Email: vitalstats@santacruzcounty.us

Monday-Friday 9:00 am to 4:00 pm

For births **BEFORE** 2017, don't use this form. Contact the County Recorder's Office, 701 Ocean Street #230, Santa Cruz CA 95060; <a href="http://www.co.santa-cruz.ca.us/rcd/recorders/birth&death/maincertificates.htm">http://www.co.santa-cruz.ca.us/rcd/recorders/birth&death/maincertificates.htm</a>; 831/454-2800.

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

HSA 884-2 Revised 1/16/2019

#### 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 Certified Copy or an Informational Certified Copy.										
	I would like an <b>Authorized Certified Copy</b> the identity of the registrant. To receive an Copy, you must indicate your relationship to selecting from the following list, and complestatement. If applying by mail, you must had notarized (unless you are with a law enforced or local government agency).	ertified nt, by ed sworn statement	☐ 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.								
Ιa	I am (check one):										
	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										
С	ity or Town of Child's Birth	Coun			ty of Child's Birth						
D	ate of Birth – Month, Day, Year (If unknown,	imate date of birth) Sex			☐ Female	☐ Male					
F	ather's First Name on Certificate	Father's Middle Name on Certificate			Father's Last Name on Certificate						
M	other's First Name on Certificate	First Name on Certificate Mother's Middle Name			Certificate Moth		er's Maiden Name				
APPLICANT INFORMATION (PLEASE PRINT OR TYPE)											
P	r <u>inted Name and Signature</u> of Person Requ	d Today's Date			Telephone Number – Area Code First ( )						
M	Mailing Address – Number, Street		City			State	ZIP Code				
	Name of Person Receiving Copies, if Different From Above		No. of Copies	Amount Enclosed		E-mail Address					
M	Mailing Address for Copies, If Different From Above		City			State	ZIP Code				

**BIRTH** 

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#### **SWORN STATEMENT**

Ι,	(Your Printed N	lame)	, declare,	under penal	lty of perjury under the la	lws of the State of California,			
that I am an authorized	person, as define	d in California I	Health and S	Safety Code	Section 103526 (c), and	am eligible to receive a			
certified copy of the bir	th or death record	of the following	individual(s	s):					
Name of the Child	Name of the Child Listed on the Certificate			Your Relationship to the Child Listed on the Certificate					
(The information below m	ust be completed in t	he presence of C	Office of Vital	Records staff	or a Notary Public.)				
Doclared this	day of		2010	ot.					
Declared this(Da	uay oi ay)	(Month)	, 2019, 6	at	(City)	(State)			
					(Your Signature)				
					(Tour Signature)				
emorcement and re	A notary p only the id this certific	ublic or other c	officer comp dividual who d, and not th	leting this ce	ertificate verifies document to which ess, accuracy, or				
	CE	RTIFICATE	E OF AC	KNOWLE	EDGMENT				
State of	)								
County of	) s: )	3							
On		, before i	me, (her proved to m	e insert name a	nd title of the officer) sis of satisfactory eviden	, personally appeared ce to be the person whose			
name is subscribed to	the within instrume	nt, and acknow	vledged to m	ne that he/sh	ne executed the same in	his/her authorized capacity,			
and that by his/her sigr	nature on the instru	ment the perso	on, or the en	itity upon be	half of which the person	acted, executed the			
instrument. I certify un	der penalty of perj	ury under the la	aws of the S	tate of Califo	ornia that the foregoing p	aragraph is true and correct.			
					NESS my hand and offic TARY SEAL)	ial seal.			
NOTARY	SIGNATURE								

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