

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

(Must be born in San Benito County)

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, "**Informational, Not a Valid Document to Establish Identity.**"

Fees: \$25 per copy (payable to the San Benito County Clerk).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you must indicate your relationship to the registrant by selecting from the list below AND complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail or fax.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, " INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY. " (A sworn statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures, the documents contain the same information.

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant (**legal guardian must provide documentation**)
- 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 (**please include a copy of the court order.**)
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (**Companies representing a government agency must provide authorization from the government agency.**)
- 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 you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.*)

DO NOT complete the rest of this form before reading the detailed instructions on Page 3.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number – Area Code First ()	
Address – Number, Street	City		State	ZIP Code
Name of Person Receiving Copies, if Different From Above	No. of Copies	Amount Enclosed	Purpose of Request	
Mailing Address for Copies, If Different From Above	City		State	ZIP Code

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		Place of Birth – County
Date of Birth – Month, Day, Year (If unknown, enter approximate date of birth)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name on Certificate – Father's First Name	Name on Certificate – Father's Middle Name	Name on Certificate – Father's Last Name
Name on Certificate – Mother's First Name	Name on Certificate – Mother's Middle Name	Name on Certificate – Mother's Maiden Name

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(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 record of the following individual(s):

Name of Person Listed on the Birth Certificate	Your Relationship to the Person Listed on the Birth Certificate

(The remaining information must be completed in the presence of a Notary Public or County Clerk staff.)

Subscribed to this _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)

(Signature of person requesting certified copy)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____) ss

On _____, before me, _____, personally
(Insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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)

NOTARY SIGNATURE

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Birth Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application form for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record. **If the registrant has been adopted, please make the request in the adopted name, and submit your request and fee directly to the Office of Vital Records, Attention Certified Copies, MS 5103, PO Box 997410, Sacramento, CA 95899-7410.**
4. SWORN STATEMENT:
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring, under penalty of perjury, that they are eligible to receive the certified copy of the birth record, and identify their relationship to the registrant (person listed on the certificate) – the relationship must be one of those identified on Page 1.
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - You do not have to provide a Sworn Statement if you are requesting a certified informational copy of the birth record,
5. Submit \$25 for **each** certified copy requested. If no birth record is found, the fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check, postal or bank money order (International Money Order for out-of-country requests) made payable to the **San Benito County Clerk**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH.** (San Benito Clerk cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered.)
6. Mail this application with the fee(s) and a self-addressed stamped envelope to:

San Benito County Clerk/Recorder
440 Fifth Street, Room #206
Hollister, CA 95023
831-636-4029 (phone)
831-636-2939 (fax)
7. Credit card orders may be processed on-line at www.vitalchek.com Additional costs apply for processing orders using a credit card. Please follow the directions on Vitalchek's website if ordering using a credit card.