OFFICE OF

PLACER COUNTY CLERK – RECORDER – REGISTRAR OF VOTERS

Clerk - Recorder Office 2954 ·Richardson Drive ·Auburn, CA 95603
(530) 886-5610 ·FAX (530) 886-5687
www.placer.ca.gov

Jim McCauley
County Clerk-Recorder-Registrar

APPLICATION FOR BIRTH or DEATH CERTIFICATE

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of Birth or Death records. Those who are not authorized by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Please indicate whether you would like an Authorized or Informational Certified Copy.

☐ **Informational Certified Copy: Complete Section I**

☐ **Authorized Certified Copy: Complete Sections I and II (Mail orders MUST be notarized - see back of form)**

Section I: Complete for both Informational or Authorized Certified Copy (please print)

BIRTH CERTIFICATE	DEATH CERTIFICATE
Name on Certificate: (Last, First, Middle)	Name on Certificate: (Last, First, Middle)
Date of Birth:	Date of Death:
Number of Copies: Total x $23.00 =	Number of Copies: Total Death x $16.00 = Fetal Death x $13.00 =

*If a search results in no record found, the customer will be charged the cost of the record and a Certificate of No Record will be issued.
(Pursuant to Government Code § 27369 and Health & Safety Code § 103650).

Name of Applicant:	Today's Date:	Telephone Number: ( )	
Mailing Address:	City:	State:	Zip:
Signature of Applicant:			

Section II: Complete for Authorized Certified Copy

Relationship of Applicant to Registrant:

- ☐ Registrant (Name on Certificate)
- ☐ Parent/Legal Guardian
- ☐ Child
- ☐ Grandparent/Grandchild
- ☐ Sibling
- ☐ Spouse/Domestic Partner
- ☐ Law Enforcement/Government Agency
- ☐ Attorney of Record
- ☐ Funeral Director
- ☐ Authorized by way of Court Order
- ☐ Licensed Adoption Agency

I, _____, swear (or affirm) 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 an AUTHORIZED Certified Copy of the vital record identified on this application form.

Sworn on this date _____, 20_____, in _____.
(City, State)

Signature _____.

Office Use:

Receipt # _____ DL#_____ Date _____

Bk/Page _____ Bank Note # _____ Deputy _____

INSTRUCTIONS FOR MAIL-IN APPLICATIONS

Mail-in requests for an Authorized Certified Copy of a Birth or Death Certificate must be accompanied by a completed sworn statement (below) - signed in the presence of a Notary Public. 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 certificate you wish to obtain and your relationship to that individual.

Please make checks payable to: **Placer County Clerk**

Mail your completed application and notarized sworn statement, with payment to:

Placer County Clerk
2954 Richardson Drive
Auburn, CA 95603
(530) 886-5610

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 an AUTHORIZED Certified Copy of the Birth or Death Certificate of the following individual(s):

Name of Person on Certificate:	Relationship to Person on Certificate:

Signature: _____ Date: _____ Place: _____.

NOTARIZATION NOT REQUIRED FOR LAW ENFORCEMENT, REPRESENTATIVES OF A STATE OR LOCAL GOVERNMENT AGENCY, OR AN AGENT OR EMPLOYEE OF A FUNERAL ESTABLISHMENT.

State of: _____ County of: _____

On _____ before me, _____a notary public, personally
Name of Officer

appeared_____ who proved to me on the basis of satisfactory
Name(s) of Signer(s)

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 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.

Signature: _____ (Seal)