# PLACER COUNTY VITAL RECORDS
# APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified copies of birth 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."

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

☐ **Authorized Certified Copy-** Complete Section I & II (Mail-in request MUST be notarized- **see back** of form)

**SECTION I: Complete for BOTH Informational and Authorized Certified Copy(s)** (please print/type)

| | | | |
|---|---|---|---|
| Name on Certificate: First | Middle | Last | |
| City/Town of Birth: | | Place of Birth: ☐ Sutter Auburn Faith Hospital ☐ Kaiser Hospital ☐ Sutter Roseville Med Center ☐ Other | |
| Date of Birth: | Sex: ☐ Male ☐ Female | ***For Office use Only:*** | |
| Father/Parent Name on Certificate: First | Middle | Last | |
| Mother/Parent Name on Certificate: First | Middle | Last | |
| Name and Signature of Applicant: | Today's Date: | Telephone Number: ( ) - | |
| Address (Number and Street): | City: | State: | Zip Code: |

**SECTION II (a): Complete for all Authorized Certified Copy(s)** (please print/type)

Relationship of Applicant to Registrant:

- ☐ Registrant (Name on Certificate)
- ☐ Parent/Legal Guardian
- ☐ Grandparent/Grandchild
- ☐ Sibling
- ☐ Child
- ☐ Spouse/Domestic Partner
- ☐ Attorney of Record
- ☐ Authorized by way of Court Order
- ☐ Licensed Adoption Agency
- ☐ Law Enforcement/Government 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 this _____day of _____ ,20_____ at _____
(City, State)

Signature _____

**SECTION II (b): MAIL-IN requests of Authorized Certified Copy(s)** (please print/type)

Mail-in requests for an Authorized Certified Copy of a Birth Certificate must be accompanied by a completed Sworn Statement (**on back**) – 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.

**Payments for In Person Requests must be made with cash or check.**
**EFFECTIVE JAN. 1, 2014, THE PRICE PER CERTIFICATE WILL BE $28.00**

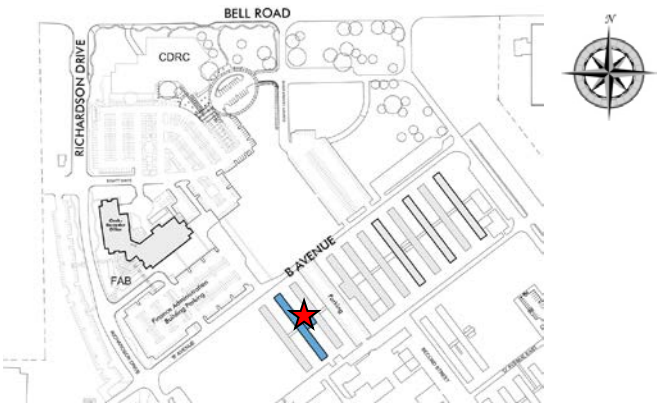
Mailing Label for Return Copy(s) Please Print Name and Address

Name: _____

Street Address: _____

City/State/Zip: _____

| Make Check to PCVS | |
|---|---|
| Per Copy | $28.00 |
| Number Ordered | x _____ |
| Amount Due | $ _____ |




From Roseville: Take **I-80 East** toward Reno. Take **exit #123/Bell Road**. Turn **Left** on **Bell Road**. Turn **Left** on **1st Street** (approx. 3 miles) into the Dewitt Center. Turn **Right** on **B Ave**. The Vital Statistics Office is about ½ down the block on the left.

Mail your completed application, notarized Sworn Statement, and payment (check or money order) to:

**Placer County Vital Statistics Office**
11484 B Avenue
Auburn, CA 95603

Open: 8:00am – 4:15pm Mon- Fri

**IN PERSON REQUESTS MUST BE MADE WITH CASH OR CHECK. NO DEBIT OR CREDIT CARDS ACCEPTED.**

## SWORN STATEMENT

I, _____ , declare 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 Listed on Certificate | Applicant's Relationship to Person Listed on Certificate |
|---|---|
| | |
| | |

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

Signature_____

*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:_____

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 acknowledge 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.

(Seal)

Witness my hand and official seal. Signature_____