



# PLACER COUNTY CLERK/RECORDER APPLICATION FOR BIRTH CERTIFICATE \$28.00 PER COPY

**Please read the instructions on Page 3 before completing this form.  
Complete additional application forms as necessary to fulfill your order.**

**Part 1 – Birth Record Information.** Complete the information below as shown on the birth record, to the best of your knowledge, indicating type and number of certified copies for each record requested.

**1ST RECORD REQUESTED**                      **Type:**  AUTHORIZED    or     INFORMATIONAL                      **Number of copies:**

Child's Name on Certificate – First Middle Last	Date of Birth	City of Birth
Parent's Name at Birth – First Middle Last	Parent's Name at Birth– First Middle Last	

**2ND RECORD REQUESTED**                      **Type:**  AUTHORIZED    or     INFORMATIONAL                      **Number of copies:**

Child's Name on Certificate – First Middle Last	Date of Birth	City of Birth
Parent's Name at Birth– First Middle Last	Parent's Name at Birth – First Middle Last	

**Part 2 –**To receive an **authorized certified copy** of the record(s) requested, **indicate your relationship to the registrant(s)** by selecting from the list below and **complete the attached Sworn Statement** declaring that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

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|  | The registrant (child identified on certificate) or a parent, legal guardian (provide documentation), child, grandparent, grandchild, sibling, spouse, or registered domestic partner of the registrant.                                       |
|  | A party entitled to receive the record as a result of court order. (provide copy of court order)   |
|  | An attorney or 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 a governmental agency, as provided by law, who is conducting official business. (companies representing a government agency must provide authorization from the government agency) |
|  | 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.  |

**Part 3 – Applicant Information and Payment**

Applicant's Full Legal Name	Telephone Number
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Residential Address: Street Address, City, State and Zip code

Shipping Address including City, State and Zip code (if different from above)

Payment and Delivery Method (Make checks payable to Placer County Clerk/Recorder)

<b>Credit card (+ 2.25%)</b> <input type="checkbox"/> Regular mail delivery	<b>Check/money order enclosed</b> <input type="checkbox"/> Regular mail delivery	<b>CNPR Request</b> <input type="checkbox"/> (Certificate of No Public Record) (See part 3 on instruction page)
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**Return completed application with payment (and notarized Sworn Statement if requesting authorized certified copies):**

**Mail:** Placer County Clerk/Recorder  
2954 Richardson Drive  
Auburn, CA 95603

**Fax: (530) 886-5687**

<b>Internal Use Only</b>		
Receipt #: _____	DL #: _____	Date: _____
Bk/Page: _____	Bank Note #: _____	Deputy: _____

## Sworn Statement

To obtain AUTHORIZED certified copies, the following statement must be completed by the applicant and acknowledged by a Notary Public using the certificate form provided below. Failure to submit a notarized Sworn Statement could result in processing delays. Applicants requesting only INFORMATIONAL copies do not need to complete the statement.

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
Applicant's Printed Name

that I am an authorized person, as defined in California Health & Safety Code section 103526(c), and am eligible to receive an authorized certified copy of the birth record of the following individual(s):

Name of Registrant (child identified on the birth certificate)	Applicant's Relationship to Registrant (Must be a relationship listed in Part 2 of the application)

*(The remaining information must be completed in the presence of a Notary Public.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.

(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
(Signature of Applicant)

Note: Certificate of Acknowledgment must be completed by the Notary Public.

## 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, \_\_\_\_\_, personally  
(insert name and title of the officer)

appeared \_\_\_\_\_, who proved to me on the basis of satisfactory 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 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.

\_\_\_\_\_  
(Signature of Notary Public)

[Seal]

# Birth Certificate Instructions

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As part of statewide efforts to prevent identity theft, California law requires this office to issue 2 different types of certified copies: **authorized** and **informational**. Both types are certified copies of the original document on file with our office.

An **authorized certified copy** establishes the identity of the registrant (the decedent identified on the certificate). Only individuals who are authorized by Health and Safety Code section 103526 can obtain an authorized certified copy of a birth record. (Part 2 of the application identifies the individuals who are authorized to make the request.) Applicants requesting an authorized certified copy must complete the **Sworn Statement**, declaring that they are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

All other individuals are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

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## Part 1 – Birth Record Information

Provide all the information you have available to identify the record. If the information provided is incomplete or inaccurate, the record might be impossible to locate. For each record requested, indicate the type (authorized or informational) and number of certified copies desired.

## Part 2 – Authorized Certified Copy

To request an authorized certified copy, you (the applicant) must indicate your relationship to the registrant (the child identified on the certificate) and complete the Sworn Statement, declaring under penalty of perjury that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online. Applicants who cannot claim a relationship authorized by Health & Safety Code section 103526 are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

## Part 3 – Applicant Information and Payment

### APPLICANT INFORMATION

Enter your name and address information in the space provided. Please include a daytime telephone number where we can reach you in case we have any questions regarding your order. Your telephone number will not be used for any other purpose.

### PAYMENT BY CHECK / MONEY ORDER

Mail the completed application along with check or money order to our office at the address shown on page 1 of the application. Payments must be made in U.S. dollars in the form of a personal check, cashier's check, certified check, traveler's check, or money order. Make checks payable to: "Placer County Clerk/Recorder." A returned check fee of \$65.00 will be charged on all returned checks (Placer County Code section 2.116.090).

### PAYMENT BY CREDIT CARD

Payment by credit card is required for all fax orders. Enter the cardholder's name, type of credit card, card number, expiration date (MM/YY), and card verification code (CVC). The CVC is typically a 3-digit number on the back of the credit card. Mail or fax the completed application to our office. A processing fee of 2.25% applies to, and will be added to, all credit card transactions.

### CNPR REQUEST (CERTIFICATE OF NO PUBLIC RECORD)

If you require documentation that no record of the birth is found, check the box for CNPR Request on the application above. The fee will be retained for searching the record (as allowed by law) and a Certificate of No Public Record will be issued.

### ONLINE ORDERS

Online orders may be made at [www.VitalChek.com](http://www.VitalChek.com). VitalChek is an external authorized online ordering agent for government vital records who provides a secure Internet site, allowing the public to order vital records 24 hours a day. All VitalChek orders must be paid via credit card and a processing fee of \$12.95 applies to all VitalChek transactions.

### FEES

The fee is **\$28.00** for each certified copy.

**For questions about your order or further assistance, please contact our office:**

Telephone: (530) 886-5600  
Fax: (530) 886-5687