



**PLACER COUNTY CLERK/RECORDER
APPLICATION FOR BIRTH CERTIFICATE
\$32.00 PER COPY**

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: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL (not to establish identity)	Number of copies:
Name on Certificate – First Middle Last	Date of Birth	City of Birth
Father/Parent – First Middle Last (name at birth)	Mother/Parent – First Middle Last (name at birth)	

2ND RECORD REQUESTED	Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL (not to establish identity)	Number of copies:
Name on Certificate – First Middle Last	Date of Birth	City of Birth
Father/Parent – First Middle Last (name at birth)	Mother/Parent – First Middle Last (name at birth)	

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.**

	The registrant (name identified on certificate) or a parent, legal guardian, 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.
	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

Applicant’s Full Legal Name	Telephone Number
Residential Address: Street Address, City, State and Zip code	
Shipping Address including City, State and Zip code (if different from above)	

Return completed application with payment (and notarized Sworn Statement if requesting authorized certified copies by mail):

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

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

Internal Use Only		
Receipt #: _____	DL Provided: ___ Yes ___ No	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 (name identified on the birth certificate)	Applicant's Relationship to Registrant (Must be a relationship listed in Part 2 of the application)

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, if unable to appear in person.

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]