

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.

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 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)