

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

California Health & Safety Code Section 103526(c) permits only authorized individuals as listed on the application to receive certified copies of birth records. Those who are not authorized by law to receive an authorized copy will receive a certified informational copy with the legend, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Please indicate the type of certified copy you are requesting:	<input type="checkbox"/> I am requesting a CERTIFIED AUTHORIZED copy.
	<input type="checkbox"/> I am requesting a CERTIFIED INFORMATIONAL copy. This certified copy includes the legend and redaction of signatures.

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The sworn statement **MUST BE NOTARIZED unless you are present in office**, a member of law enforcement agency or representative of a state or local government agency, an agent or employee of a funeral establishment. Please indicate your **RELATIONSHIP** below:

- The registrant or a parent or legal guardian of the registrant.
- A party entitled to receive the record as a result of a court order, or 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 (copy of Court order required).
- A member of law enforcement agency or a representative of another government agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.
- 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 registrant's estate (documentation required if court appointed).

APPLICANT'S INFORMATION (PRINT OR TYPE)		Today's Date: _____	
Applicant's Name		Telephone Number	Applicant's Driver's License
Address – Number, Street, Unit # (if Applicable)		City and State	Zip Code
BIRTH RECORD INFORMATION			
Name at Birth – First	Middle	Last	# of Copies
City or Town of Birth	County of Birth	Date of Birth (MM/DD/YYYY)	Sex
	El Dorado		
Father/Parent Name (First, Middle, Last)		Mother/Parent Name (First, Middle, Last)	
Has this record been amended to add/correct name(s) or misspelling(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Mailing Information, if different from above		Special Instructions:	
Name:		Note: orders are processed within 48 hours & returned U.S. Postal Service regular mail. If another method is requested, your order will need to be processed through vitalchek.com	
Mailing Address:			
City, State & Zip:			
*****OFFICE USE ONLY*****			
Book/Page/LRN:		Certificate(s) Number:	
Date Mailed		Tracking Information:	

SWORN STATEMENT – MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined by California Health and Safety Code 103526(c), and am eligible to receive a certified copy of the birth record of the following individual:

Name of Person Listed on Certificate	Applicant's Relationship to Person on Certificate

Sworn this _____ day of _____, 20____ at _____, _____.
(Day) (Month) (Year) (City) (State)

Applicant's Signature: _____

ACKNOWLEDGEMENT

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, _____
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to 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 und the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ (Seal)

Please make personal checks, money order or cashier's checks payable to: El Dorado County Recorder. If you are paying by personal check, there is a 15 working day hold. If you need your record sooner, please pay by money order or credit card. You can pay by credit card at www.vitalchek.com. Our office processes all requests within 2 business days upon receipt of payment.

Mail Requests to:

El Dorado County Recorder
360 Fair Lane
Placerville CA 95667

Fee: \$34.00 per copy

If you have any questions, please feel free to contact our office at (530) 621-5490
Monday through Friday, except legal holidays, from 8:00 am to 5:00 pm