

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

DO NOT Complete This Application Before Reading the Instructions on Page 2

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

Fee: **\$14 per copy** (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." (A Sworn Statement does not need to be provided.)
---	--

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) 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 a 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 another governmental agency, as provided by law, who is conducting official business. *(Companies representing a government agency must provide authorization from the government agency.)*
- A child, grandparent, grandchild, brother or sister, 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 the registrant's estate. *(If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)*

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			Today's Date: _____		
Agency Name (if appropriate)	Agency Case No. (if appropriate)	Purpose of Request			
Printed Name and Signature of Applicant			Number of Copies	Amount Enclosed	
Mailing Address – Number, Street			Name of Person Receiving Copies, if Different from Applicant		
City	State / Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ()		Country	City	State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)			Adopted: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, see #4 on Page 2)		
BIRTH Name on Certificate (LAST)	FIRST Name on Certificate	MIDDLE Name on Certificate			
City of Birth (must be in California)			County of Birth		
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
BIRTH Name on Certificate – Father/Parent	FIRST Name on Certificate – Father/Parent	MIDDLE Name on Certificate – Father/Parent			
BIRTH Name on Certificate – Mother/Parent	FIRST Name on Certificate – Mother/Parent	MIDDLE Name on Certificate – Mother/Parent			

SWORN 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 and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

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

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of California)

County of _____)

On _____ before me, _____, personally appeared _____,
 (here insert name and title of the officer)

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.
 (SEAL)

 SIGNATURE

USBirthcertificate.com California Certified Birth Certificate Order Form

Please fill out the information below so we can complete your request for a California birth certificate. Once you have filled out this form and the California form (2 pages above) please fax all three to our office at 713-785-1458 or 713-629-0396. **Make sure to have the sworn statement (see above) notarized before faxing it to us with a copy of the applicant's or one of the parents drivers license. The California form above requires a signature next to your printed name.**

All counties except Glenn, Lassen, Los Angeles and Santa Barbara (see below for pricing on these counties) require our Walkthrough service for a total charge of \$136 (\$15 for each additional copy after the first one). The processing time for this service is located on our website. All California adoptions and legal name changes (excluding marriage) require our Walkthrough service. If you were born in one of the counties listed above and still require our Walkthrough service please circle yes to authorize this. **YES**

If you were born in Glenn, Lassen, Los Angeles and Santa Barbara and choose not order the walkthrough service your costs will be roughly \$35-\$40 for the county fee plus our service fee of \$59 for regular processing.

Please upgrade my request to the Emergency Walkthrough processing for a total fee of \$161 (\$136 regular fee plus \$25 for the emergency processing). Please circle yes to authorize this: YES

Please charge me for the passport processing which adds \$112 to our service fee above. Circle one: YES NO

Please read the passport section of our website for instructions on completing your passport request.

Credit card number: _____ Expires: _____

Persons name on credit card: _____

Verification code (last 3 numbers on the back of your Visa/Mastercard only in the signature box): _____

Credit card billing address (where the monthly bill arrives): _____

City: _____ State: _____ Zip: _____

Certificate holders name at birth: First name: _____ Middle: _____ Last: _____

Fathers name: First name: _____ Middle: _____ Last: _____

Mothers Maiden name(at birth): First name: _____ Middle: _____ Last: _____

Certificate holders date of birth: _____ County of birth: _____

City of birth: _____ Adopted or legal name change (excluding marriage)? (circle one) YES NO

If adopted please use the adopted name and adopted parents names. Pre adoption birth certificates are not available.

Hospital if known: _____ Sex (circle one): MALE FEMALE

Number of copies: _____ Date of travel if applicable: _____

Shipping information

Ship to name: _____

Ship to address (no PO boxes): _____

City: _____ State: _____ Zip code: _____

Daytime phone number: _____ Alternate phone number: _____

Email address (we will email a confirmation that your order has been processed): _____

Signature: _____ Date: _____

By signing the form above I authorize USBirthcertificate.com to obtain my birth certificate for me. I understand there are no refunds of USBirthcertificate.com's service fees once this information is faxed to our office. Please contact our office if you do not receive your birth certificate by the process times listed above. Someone MUST be at the shipping address to sign for the birth certificate. We cannot process your request without a signature on this page and the California state form. USB.com will charge your credit card our fee upon receiving your request even if the information is incomplete.

All Sales are final. Once you fax your request to our office it cannot be cancelled.