

**COLUSA COUNTY HEALTH DEPARTMENT  
APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

**Please indicate whether you would like an authorized Certified Copy or an Informational Copy**

I would like a **CERTIFIED COPY** of the record identified on the application form. *(In order to receive an authorized Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)*

I would like an **INFORMATIONAL COPY** of the record identified on the application form.

**I AM:**

- 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 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.
- 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 on behalf of the registrant or the registrant's estate.

**NOTICE:** Orders received by mail for authorized Certified Copies **MUST** be accompanied by the sworn statement (see instructions on back)

**COMPLETE THIS PAGE ONLY**  
**YOU DO NOT NEED A NOTARIZED STATEMENT**

**STOP!** Read the detailed instructions on the back before completing the rest of this form

**APPLICANT INFORMATION** (PLEASE PRINT OR TYPE)

<b>NAME</b> of Person Completing Application		Your Relationship To Person Listed On Certificate	
<b>MAILING ADDRESS</b> – Number, Street	City	State	ZIP Code
Telephone Number – Area Code First (     )	<b>Price per Copy:</b> <b>\$25.00</b>	<b>Number Ordered:</b>	<b>Total Amount:</b> \$

**BIRTH CERTIFICATE INFORMATION** (PLEASE PRINT)

<b>FIRST NAME</b> - Name On Certificate		<b>MIDDLE NAME</b> - Name on Certificate		<b>LAST NAME</b> – Name on Certificate	
<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	City or Town of Birth	County of Birth <b>COLUSA</b>	<b>DATE OF BIRTH</b> – Month, Day, Year		
<b>FATHER'S FIRST NAME</b> - Name on Certificate		<b>FATHER'S MIDDLE NAME</b> - Name on Certificate		<b>FATHER'S LAST NAME</b> – Name on Certificate	
<b>MOTHER'S FIRST NAME</b> - Name on Certificate		<b>MOTHER'S MIDDLE NAME</b> - Name on Certificate		<b>MOTHER'S LAST NAME – (Maiden)</b> - Name on Certificate	

**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 a certified copy of the birth record of the above individual:

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 2014 at \_\_\_\_\_ CITY, \_\_\_\_\_ STATE  
DAY MONTH

**NOTE:** If submitting your order by mail, you **MUST** have your sworn statement notarized using the Certificate of Acknowledgement on the back of this form.

\_\_\_\_\_  
*Signature*

**OFFICE USE ONLY**

<b>DATE RECEIVED:</b>	<b>DATE COMPLETED:</b>	<b>PROCESSED BY:</b>

**INSTRUCTIONS:**

1. If you are requesting a certified **INFORMATIONAL COPY**, complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting an **AUTHORIZED CERTIFIED COPY**, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Vital Records staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **PLEASE NOTE: 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 birth certificate you wish to obtain and your relationship to that individual.**
3. Use separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the **APPLICATION INFORMATION** section and provide your signature where indicated. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit **\$18.00 FOR EACH** certified copy requested. If you are mailing your request, indicate the number of certified copies you wish and include exact payment with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to **COLUSA COUNTY HEALTH DEPARTMENT**.

**MAIL THIS APPLICATION WITH THE FEE(S) TO:**

Colusa County Health and Human Services  
 Public Health Department  
 251 E. Webster Street  
 Colusa, CA 95932

For additional information, please call: 530-458-0380



**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.  
 (NOTARY SEAL)

\_\_\_\_\_  
 NOTARY SIGNATURE