

APPLICATION FOR BIRTH CERTIFICATE - INSTRUCTIONS

We can only provide copies for births that occurred in Colusa County

COUNTY OF COLUSA

INSTRUCTIONS FOR REQUESTING A BIRTH RECORD IN PERSON

1. Go to the Colusa County Clerk & Recorder Office located at 546 Jay Street, Suite 200, Colusa California.
2. Complete the Application form for a Birth Certificate Request, also available in the office.
3. Public counter is open and available for processing between 8:30 am to 4:00 pm, Monday through Friday. Most applications can be processed upon submission. Payments must be in the form of cash, check or money order. **Debit and credit card payments cannot be accepted.**

INSTRUCTIONS FOR REQUESTING A BIRTH RECORD BY MAIL

1. Complete the Application form for a Birth Certificate Request.
2. If requesting an: **Authorized Certified Copy**, the Notary Acknowledgement must be completed by a Notary Public.

Informational Certified Copy, the Notary Acknowledgement does not have to be completed. *Please be aware that the Informational Certified Copy may not be accepted by all parties. It is up to the applicant to determine if they need an Informational Certified Copy or an Authorized Certified Copy.*
3. Birth Certificates are \$29 per copy. Enclose a check or money order payable to "Colusa County Clerk," for the appropriate amount.
4. Please include a self-addressed stamped envelope for accurate service. Allow at least 7 working days to receive your Certified Copy in the mail.
5. Mail the application and payment to the following address: Colusa County Clerk-Recorder
546 Jay Street, Suite 200
Colusa, CA 95932

For Expedited Service:

Mail the completed application and payment in an *Overnight Express* envelope and include a prepaid *Overnight Express* envelope inside to be returned to you.



APPLICATION FOR BIRTH CERTIFICATE

Fee: \$29.00 each copy



Colusa County Clerk-Recorder
Cristy Jayne Edwards, Clerk-Recorder-Registrar of Voters
546 Jay Street, Suite 200, Colusa, CA 95932
Phone: (530) 458-0500 Fax: (530) 458-0512

California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of Vital Records. Those who are not authorized by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY"; signatures and social security number will be redacted on Informational copies.

What type of copy are you requesting: **AUTHORIZED** † **or** **INFORMATIONAL**
complete 1, 2, & 4, notarize if mailing complete 1, 2, & 3

1. Birth Certificate Information (Registrant):

Last name at birth _____, First & middle name _____
Date of birth _____ - _____ - _____ Number of copies _____
Month Day Year

2. Applicant Information (Person Making Request):

Name of Applicant: _____ Telephone Number _____ - _____ - _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

3. INFORMATIONAL certified copy:

Informational copies do not require a notary acknowledgment. These copies will have the social security number and signatures redacted and printed with the following watermark: "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."

Sign here for an informational copy _____
Applicant signature

4. AUTHORIZED certified copy:

MARK THE BOX THAT DESCRIBES YOUR RELATIONSHIP TO THE REGISTRANT

If none apply, you are not eligible to receive an authorized certified copy and may opt to buy an informational certified copy

- Registrant (name on certificate)
- Parent/Legal Guardian of registrant
- Grandparent/Grandchild
- Child
- Sibling
- Spouse/Registered Domestic Partner
- Law Enforcement/Govt Agency (on official business)
- Power of Attorney/Legal Executor of Registrants Estate
- Attorney representing registrant or registrant's estate
- Authorized by Court Order
- Attorney/Licensed Adoption Agency (under Ca Family Code §3140 or 7603)

CERTIFICATION : I, _____ swear (or affirm) under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health & Safety Code Section 103526 (c), and eligible to receive an Authorized Certified copy of the vital record identified on this application form.

Sworn this _____ day of _____, 20____, at _____, _____
City & State Applicant Signature

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 _____) ss.
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 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 _____