

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD**

**NOTICE:** Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form).

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth or death 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 a Certified Copy or an Informational Copy.

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

**FEES: BIRTH \$14.00 DEATH \$12.00**

I would like an **Informational Copy** of the record identified on the application form *(You are NOT required to select from the list below in order to receive an Informational Copy.)*

**FEES: BIRTH \$14.00 DEATH \$12.00**

I am:

- 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 to act on behalf of the registrant or the registrant's estate.
- A funeral director ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

**STOP! DO NOT complete the rest of this form before reading the detailed instructions on the back.**

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

Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number ( )
Address – Number, Street		City	State ZIP Code
No. of Copies			

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

Name on Certificate – First		Middle	Last	Sex
Date of Birth	Place of Birth – City or Town		Place of Birth - County	
Date of Death (Or Period of Years to be Searched)		Place of Death – City or Town		Place of Death - County
Father's Name			Mother's Maiden Name	

**INSTRUCTIONS**

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Registrant Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form.
2. Use a separate application form for each different record of birth or death for which you are requesting a certified copy.
3. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Registrant Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
4. **DO NOT SIGN THE SWORN STATEMENT UNTIL ASKED TO DO SO.**

<b>For Official Use Only</b>	
Document Number	Date Copy Issued
Certificate #	Type Issued: ___Certified ___Informational
Date Copy Issued	Initial of Clerk issuing copy _____

Calaveras County  
Office of Clerk-Recorder  
891 Mountain Ranch  
San Andreas, CA 95249  
(209) 754-6372

### SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of California,  
(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	Relationship to Person Listed on Certificate

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)