



APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH RECORD

<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 (select 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 <i>unless you are a law enforcement or state/local government agency.</i>)	<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.

<input type="checkbox"/> \$29.00 per copy BIRTH <input type="checkbox"/> \$24.00 per copy DEATH	CHECK TYPE OF DOCUMENT YOU ARE REQUESTING In-Person: cash, check, money order, *credit or debit card. By Mail: check or money order <u>only</u>. <small>*An additional 2.95% service provider fee (\$2 minimum) will be charged per card transaction. (not a county fee)</small>
--	--

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

- The registrant (person listed on the certificate).
- 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. *(Please include a copy of the court order.)*
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business in this regards. *(Companies representing a governmental agency must provide authorization from the government agency.)*
- A parent, child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant is eligible. *(Legal guardian must provide documentation.)*
- 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 or executor, please include a copy of the power of attorney, or supporting documentation identifying you as executor with this application form.)*
- Any agent or employee of a funeral establishment who acts within the course and scope of their employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) section 7100 of the Health and Safety Code.
- An individual described in paragraph (1) to (8), inclusive, of Subdivision (a) of Health and Safety Code 7100. A surviving competent adult person respectively in the next degrees of kinship.

APPLICANT INFORMATION (Please Print or Type except where Signature is Required) Today's Date:

Agency Name (if applicable)		Agency Case Number		Inmate ID Number	
Print Name of Requestor		Number of Copies		Purpose of Request	
Mailing Address—Number, Street		Amount Enclosed		In-Person: cash, check, money order, *credit or debit card.	
_____		\$		By Mail: check or money order <u>only</u> . Do Not Send Cash	
City		Name & Mailing Address of Person Receiving Copies (If Different from Requestor)			
State / Province		Zip Code		_____	
Daytime Telephone (include area code)		Country		City	State
_____		_____		_____	ZIP Code

BIRTH/DEATH RECORD INFORMATION (PLEASE PRINT OR TYPE)
 Complete the information below as shown on the birth/death record, to the best of your knowledge.

Registrant's FIRST Name	MIDDLE Name	LAST Name	Sex
City of Occurrence (Must be in California)	County of Occurrence	Date of Occurrence—MM/DD/CCYY (If unknown, enter approximate date or range)	
Mother/Parent FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Father/Parent FIRST Name	MIDDLE Name	CURRENT LAST Name	LAST Name (Before Marriage/Domestic Partnership)
Name of Spouse/Domestic Partner of Decedent	MIDDLE Name	CURRENT LAST Name	

SECTION BELOW IS FOR CLERK/RECORDER'S USE ONLY

Book & Page Number	Bank Note Paper Number(s)	Type of I.D. & Identifying Numbers	Date Processed	Clerks Initials
--------------------	---------------------------	------------------------------------	----------------	-----------------

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Requestor'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 a certificate of the following individual(s):
 (The remaining information must be completed in the presence of a Notary Public or Humboldt County Vital Records staff.)

Name of Person Listed on Certificate	Requestors Relationship to Person Listed on Certificate (Must be a Relationship Listed on Page 3 of Application)

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

 (Requestor'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 state/local governmental agencies are exempt from the notary requirement.)

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.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
 (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 OF NOTARY PUBLIC