



Humboldt County Clerk/Recorder
Vital Records
825 5th Street, 5th Floor
Eureka, Ca 95501
Ph. (707)445-7382 / (888)486-2732

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH RECORD

INSTRUCTIONS:

1. **Only** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Birth/Death Record. (The Application identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

Confidential Information on Birth Record: some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of the California State website at: www.cdph.ca.gov. Only specific individuals may obtain confidential copies.

2. Complete a separate application for each individual record requested.
3. Complete the **Applicant Information** section on Page 3 and provide your signature where indicated. In the **Registrant Information** section, provide all the information you have available to identify the record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.

For Births: If the registrant has been adopted, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California or if you are requesting a copy of the **original** birth certificate, please refer to the **Birth Record** section of the California State website at: www.cdph.ca.gov.

Instructions continue on page 2

INSTRUCTIONS (continued):

4. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement on page 4, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth/death record and identify their relationship to the registrant (the relationship must be one of those identified on Page 3 of the application).
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and state/local governmental agencies are exempt from the notary requirement.**
- You do not have to provide a Sworn Statement if you requesting a “Certified Informational Copy” of the birth/death record.

5. **Fee Submittal:**

Birth Record : Submit **\$25** for **each** copy requested.
Death Record : Submit **\$21** for **each** copy requested.

- If no record is found, the fee will be retained for searching for the record (as required by law) and a “Certificate of No Public Record” will be issued to the applicant.
 - Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal money order (International Money Order for out-of-country requests) made payable to **Humboldt County Clerk/Recorder**. **PLEASE SUBMIT CHECK OR MONEY ORDER—DO NOT SEND CASH.** (Humboldt County Clerk/Recorder cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
 - For over the counter requests, acceptable payments are cash or checks only.
 - **We do not accept credit or debit cards at this time.**
5. **Mail Certificate Requests:** Mail the Certificate request(s) to the address listed at the top of the 1st page.

6. **Returning Completed Certificates:**

- Mailed in completed certificate requests are returned using the U.S. Postal Service only unless you provide your own method. Once your order enters into the Postal System we are no longer responsible for the delivery of your request.
- You may provide your own return method for receiving your certificate back — be sure to include the return package with your request form. If your return method has tracking numbers, be sure to keep a copy of those numbers for you own tracking.
- For walk-in customers—in most cases you will get your certificate right over the counter.



APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH RECORD

DO NOT Complete This Application Before Reading the Instructions on Pages 1 & 2

<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." <p style="text-align: center;">(A Sworn Statement does not need to be provided.)</p>
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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.

\$25.00 per copy BIRTH CHECK TYPE OF DOCUMENT YOU ARE REQUESTING
 \$21.00 per copy DEATH PLEASE SUBMIT CHECK OR MONEY ORDER—DO NOT SEND CASH (payable to **Humboldt County Clerk/Recorder**)
(Humboldt County Clerk/Recorder cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered.)

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, brother or sister, 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.

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— DO NOT SEND CASH <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">\$</div> <div style="font-size: 1.2em; font-weight: bold; margin: 0;">Check or Money Order</div>		
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
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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.)

CERTIFICATE OF 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 _____)

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