

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 next page).

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 \$25.00 DEATH \$21.00
Fee: Birth (Government Agency) \$19.00

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 \$25.00 DEATH \$21.00
Fee: Birth (Government Agency) \$19.00

I am:

- The Person named on the certificate, or the 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 next page.

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
Name of Person Receiving Copies, if Different from Above	No. of Copies	Amount Enclosed	E-mail Address	
Mailing Address for Copies, if Different from Above	City	State	Zip Code	

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. If you submit your order in person, you must sign a sworn statement in the presence of Clerk/Recorder 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 or death certificate you wish to obtain and your relationship to that individual.** (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
3. Use a separate application form for each different record of birth or death 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 **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.
5. Submit **\$25** for **each** certified copy of a birth certificate and **\$21** for **each** certified copy of a death certificate. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order (**we do not accept out-of-state checks**, MUST be Cashiers check or money order), made payable to the **Glenn County Recorder**. Mail this application with the fee(s) to the Glenn County Recorder's Office, 516 West Sycamore Street, 2nd Floor, Willows, CA 95988.

Glenn County
Office of Clerk/Recorder
516 West Sycamore Street, 2nd Floor
Willows, CA 95988
(530) 934-6412

BIRTH OR DEATH

SWORN STATEMENT

(*Required for certified copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity.)

*Any member of law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business must complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.

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

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records Staff.)

Sworn this _____ day of _____, _____, at _____, _____.
(Day) (Month) (Year) (City) (State)

(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 local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies on the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

State of California)
County of _____)

On _____ before me, _____
(here insert the 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.

Signature _____ (Seal)