Application for Certified Copy of Birth Records for <u>2023 AND 2024 ONLY</u>: \$32.00 per Copy

Birth Certificate Records for ALL OTHER YEARS (Including Current Year) are Stored at County Clerk, https://sonomacounty.ca.gov/clerk-recorder

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued Certified Informational Copies marked with the legend, "Informational, Not a Valid Document to Establish Identify."

Section 1: Birth Certificate Information (Please print or type)								
First Name of Child M		Middle	Middle Name of Child			Last Name of Child		
Date of Birth	Gender	Name of Hosp	of Hospital			FOR OFFICE USE ONLY		
Father's Name			When copies completed:		Date Received		_No	
Mother's Name			Pick Up		Date Prepared	Issued	d by	
			Mail			sterCard □ Discover CC Auth #:		
Continu 2: Anulianut lufe								
Section 2: Applicant Info							1	
Name of Person Completing Application Mailing Address and Zip Code						Telephone No.	No. of Copies Requested:	
Name of Person Receiving C			Mailing Address for Copies, if Different From Above					
If applying in person, go to 4′ If mailing or faxing your appli					(see attach	ed instructions).		
□ I would like a Certified Cop receive a Certified Copy, you from the list below, AND comp that you are eligible to receive if the application is submitted	registrant by selecting < of the form declaring	on the	□ 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.					
To receive a Certified Copy	of a Birth Record, I	am:						
A parent or legal guardian	of the registrant. Le	egal guardian mu	st provide documenta	ation.				
A child, grandparent or sil	oling of the registra	nt.						
□ A party entitled to receive the Section 3140 or 7603 of the F				ised adopti	onagencyse	eeking the birth reco	ord in order to comply with the r	equirements of
□ A member of a law enforce government agency must pr				ency, as pr	ovided by lav	w, who is conductin	g an official business. Compa r	nies representing a
□ An attorney representing th registrant's estate.	ne registrant or the r	egistrant's estate,	or any person or agend	cy empowe	red by statute	e or appointed by a	court to act on behalf of the reg	istrant or the
Appointed rights in a powe	r of attorney, or an e	executor of the reg	gistrant's estate. Please	e include a	copy of the	power of attorney	, or supporting documentatio	on identifying you as

SWORN STATEMENT

Ι, ___, swear under penalty of perjury under the laws of the State of (Printed Name) California 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 record of the following individual(s): Name of Child **Relationship to Child** Sworn this date: (today's date) at (City) (State) (Signature) Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of Vital Statistics staff. (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 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) ss)		
On	, before me,		, personally
		(Insert your name and title)	
appeared			, who proved to me on the

basis of satisfactory evidence to be the person(s) whose name 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. (NOTARY SEAL)

NOTARY SIGNATURE

We are located at 415 Humboldt Street, Santa Rosa, CA 95404. Birth records are maintained in this office for children born 2023 AND 2024 ONLY.

Birth records for ALL YEARS are available at County Clerk, 585 Fiscal Dr., Suite 103, Santa Rosa, CA 95403. Tel. 707-565-3800 https://sonomacounty.ca.gov/clerk-recorder

Instructions:

- 1. For a regular certified copy, complete the entire form.
- 2. For an Informational Copy: Mark the Informational Copy box and complete Sections 1 and 2 of this form. The cost is the same--\$32.00.
- 3. If you submit your order in person, you must:
 - Sign a sworn statement in the presence of an Office of Vital Statistics employee.
 - Show valid photo identification.
 - Submit payment by check, cash, postal or bank money order, or Visa, MasterCard or Discovery credit card.
- 4. If you submit your request by mail, the sworn statement must be signed 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 certificate you wish to obtain and your relationship to that individual.
- 5. Use a separate application form for each individual person for whom you are requesting a certified birth certificate. You may request several copies for the same person on one form. If submitting your request by mail, remember to identify each certificate requested on the sworn statement.
- 6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we can contact you when it is ready.
- 7. Faxed requests are acceptable if the notarized portion of the application is valid and readable <u>AND</u> is processed in combination with a phone call from the applicant paying for the certificate with a Visa, MasterCard, or Discover credit card. After the faxed notarized application is received <u>AND</u> the credit card transaction is completed a certified copy will be <u>mailed</u> to you. You may call from 9:30 a.m. 4:00 p.m., Pacific Time, to request this service. Our phone number is: 707-565-4407 and our fax number is: 707-565-4413.

Submit \$32.00 for each certified copy requested. If no record of birth is found, the \$32.00 fee will be retained for searching, as required by statute, and a Certificate of No Public Record will be issued. 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 payable to Sonoma County Health Department. Mail this application with the fee(s) to the Office of Vital Statistics, 625 5th Street, Santa Rosa, CA 95404.

Additional application forms may be obtained through our web site: https://sonomacounty.ca.gov/public-health/office-of-vital-statistics/birth-certificates

> Office of Vital Statistics Located at 415 Humboldt Street Santa Rosa, CA 95404 Tel. 707-565-4407