



Please complete the reverse of this page

County of San Diego - Health and Human Services Agency
Public Health Services - Office of Vital Records and Statistics
 APPLICATION FOR A BIRTH CERTIFICATE
 OR CERTIFICATION OF NO PUBLIC RECORD
 \$28.00 Fee per Certificate

Per California State Law, Health and Safety Code, Section 103526(c), permits only authorized persons as defined below to request certified copies of Birth Records. Those who are not authorized by Law to receive a certified copy will receive a certified informational copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

FOR OFFICIAL USE ONLY	
Type of identification provided, if processed in person:	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Military ID
<input type="checkbox"/> Passport	<input type="checkbox"/> Other

If we cannot identify the record based on the information you provided, State Law requires that we retain the fee and issue a **“Letter of No Record”**.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I would like a Certified Copy of the record identified on the application form. <i>(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.)</i> | <input type="checkbox"/> I would like a Certified Informational Copy of the record identified on the application form. <i>(You are not required to select from the list below or complete the statement of identity in order to receive an Informational Copy.)</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- I am:
- The registrant or a parent or legal guardian of the registrant.
 - 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.
 - A party entitled to receive records as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with requirements of Section 3140 or 7603 of the Family Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Name of Person Completing Application	Today's Date	Telephone Number – (Area Code First)	
Address – Number, Street	City	State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Mother's maiden name

Name of child (First)	Middle	Last (Family)	Date of Birth
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Number of Copies Requested:

COUNTY USE ONLY:			
BC _____ \$ _____	Year _____	Registration # _____	
Receipt Signature _____	Search Fee _____ \$ _____	BN # _____	BY: _____ DATE: _____

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am an authorized
(Print Name)
person, as defined in California Health and Safety Code, Section 103526(c), and am eligible to receive a certified copy of the birth record
indicated on this application. Sworn this _____ day of _____, 20____, at _____,
(Day) (Month) (Yr) (City) (State).

(Applicant's signature)

Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgement below. The notary is only verifying the identity of the person requesting the copy not the relationship to the registrant.

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 ACKNOWLEDGEMENT

State of _____ County of _____

On _____ before me, _____
(Insert 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

Personally Known **OR** Produced Identification.

Type of Identification produced _____

NOTARY SIGNATURE

Please mail this request along with your payment (check or money order payable to County of San Diego Public Health Services) to:

Office of Vital Records and Statistics
3851 Rosecrans Street, Suite 802
San Diego, CA 92110