PUBLIC HEALTH SERVICES VITAL RECORDS

APPLICATION FOR CERTIFIED COPIES OF A BIRTH RECORD

CERTIFICATE TYPE REQUESTED:		AUTHORIZED CERTIFIED COPY (COMPLETE ALL SECTIONS) (PARENTS, PLEASE CHECK AUTHORIZED CERTIFIED COPY)				
		INFORMATIONAL O	NLY (COMPLETE	E SECTIONS 1 & 2 ONLY)		
1.	Birth Information:	Number of copies re	quested:			
	Name:First Date of Birth:Month, Day, Ye.	Middle Hospital: ar	_	ast		
	Circle one: Male Female Name of Mother: First	Middle	L	ast		
	Name of Father:First	Middle	L	ast		
2.	Your Information:					
	Name: First Mailing Address: Number and Street	Middle City	L State	ast Zip Code		
	Telephone Number ()					
3.	To obtain an authorized certi	.,,	ck the appropi	riate box below:		
	A parent or legal guardian of the registrant or registrant A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.					
	A party entitled to receive the agency seeking the death reco Family Code.	record as a result of a court o ord in order to comply with the	rder, or an attorr requirements of	ney or a licensed adoption Section 3140 or 7603 of the	9	
	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 member of a law enforceme by law, who is conducting office		of another gover	nmental agency, as provided	t	

****PLEASE READ****

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.)

(For notary listings, please check your telephone directory)

BIRTH

INFORMATION: Birth records are maintained in the Stanislaus County Vital Records office for the current year and one year previous.

INSTRUCTIONS FOR OBTAINING A BIRTH CERTIFICATE

- If you are requesting a certified Informational Copy, complete only the Applicant Information and Birth Certificate Information portions of this form.
 If you are requesting an Authorized Certified Copy, complete the entire form.
- If you submit your order in person, you must sign a sworn statement in the presence of Vital Records staff.
- 3. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public.
- 4. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
- 5. 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 Birth Certificate Information. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. If the registrant has been adopted, please make the request in the adopted name.
- 6. Submit \$32.00 for each certified copy requested. If no record of the birth is found, the \$32.00 fee may 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 (International Money Order only for out-of-country requests) made payable to Vital Records. Mail this application with the fee(s) to:

Vital Records 917 Oakdale Rd. Modesto, CA 95355

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Statement of Oath				
4. I,Your	Printed Name Your relationship to registrant erjury that I am an authorized person, as defined in California Health and			
Safety Code Section	n 103525 (c) and am eligible to receive the authorized certified copy(s) of the led on the application form.			
Sworn: Date	At: City, State			
Signature:				
Certificate of Ack	ing your order by mail, you must have your Sworn Statement notarized using the nowledgment below. The Certificate of Acknowledgment must be completed by a aw enforcement and local and state governmental agencies are exempt from the notary requirement.)			
	CERTIFICATE OF ACKNOWLEDGEMENT			
	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)			
On	before me,, personally appeared (here 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 m	ne that he/she/they executed the same in his/her/their authorized			
capacity(ies), and t	that by his/her/their signature(s) on the instrument the person(s), or the entity			
upon behalf of which	ch the person(s) acted, executed the instrument.			
I certify under PEN	ALTY OF PERJURY under the laws of the State of California that the foregoing			
paragraph is true a	nd correct.			
	WITNESS my hand and official seal. (SEAL)			
SIGNATURE				