### STANISLAUS COUNTY HEALTH SERVICES AGENCY

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## APPLICATION FOR CERTIFIED COPIES OF A BIRTH RECORD

CERTIFICATE TYPE REQUESTED: \_\_\_\_\_ AUTHORIZED CERTIFIED COPY (COMPLETE ALL SECTIONS) (PARENTS, PLEASE CHECK AUTHORIZED CERTIFIED COPY)

### \_\_\_\_ INFORMATIONAL ONLY (COMPLETE SECTIONS 1 & 2 ONLY)

1.	Birth Information:	Number of copies rea	quested:		
	Name:	Middle Hospital:	Las		
	Name of Mother: : First	Middle	Las	t.	
	Name of Father: : First	Middle	Las	t	
2.	Your Information:				-
	Name: First Mailing Address: Number and Street	Middle	Las	t Zip Code	
	Telephone Number ()		Slale	Zip Code	
3.	To obtain an authorized certified copy you must check the appropriate box below:				
	I am: 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 record as a result of a court order, or an attorney or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.				
	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 enforcement by law, who is conducting office		of another governr	nental agency, as provid	ded

# \*\*\*\*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)

**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 a regular 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 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 \$28.00 for each certified copy requested. If no record of the birth is found, the \$28.00 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 820 Scenic Drive, Suite 21 Modesto, CA 95350

# STANISLAUS COUNTY HEALTH SERVICES AGENCY

# PUBLIC HEALTH SERVICES VITAL RECORDS

Statement of Oath							
4.	I,	Your Printed Name	am the	Vous solutionabia to societypat	_, swear		
Your Printed Name under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525 (c) and am eligible to receive the authorized certified copy(s) of the birth record identified on the application form.							
Swor	n: Date	A	t: City, State	<u>.</u>			
Signa	ture:						

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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 ) County of )					
On, 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 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					
SIGNATURE					