



# SACRAMENTO COUNTY CLERK/RECORDER

## MAIL ORDER APPLICATION FOR BIRTH

### CERTIFICATE \$34.00 PER COPY

Please read the instructions on Page 3 before completing this form.  
Complete additional application forms as necessary to fulfill your order.

**Part 1 – Birth Record Information.** Complete the information below as shown on the birth record, to the best of your knowledge, indicating type and number of certified copies for each record requested.

1ST RECORD REQUESTED	Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL	Number of copies:
Child's Name on Certificate – First Middle Last	Date of Birth	City of Birth
Father's Name – First Middle Last	Mother's Maiden Name – First Middle Last	
2ND RECORD REQUESTED	Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL	Number of copies:
Child's Name on Certificate – First Middle Last	Date of Birth	City of Birth
Father's Name – First Middle Last	Mother's Maiden Name – First Middle Last	
3RD RECORD REQUESTED	Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL	Number of copies:
Child's Name on Certificate – First Middle Last	Date of Birth	City of Birth
Father's Name – First Middle Last	Mother's Maiden Name – First Middle Last	

**Part 2 –**To receive an **authorized certified copy** of the record(s) requested, **indicate your relationship to the registrant(s)** by selecting from the list below and **complete the attached Sworn Statement** declaring that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

<input type="checkbox"/>	The registrant (child identified on certificate) or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
<input type="checkbox"/>	A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
<input type="checkbox"/>	A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
<input type="checkbox"/>	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.

#### Part 3 – Applicant Information and Payment

Applicant's Full Legal Name	Telephone Number	
Residential Address: Street Address, City, State and Zip code		
Shipping Address including City, State and Zip code (if different from above) **PO Box cannot be used for expedited delivery.**		
Payment and Delivery Method (Make checks payable to Sacramento County Clerk/Recorder)		
<input type="checkbox"/> Credit card (+ \$6.00) Expedited delivery for additional \$19.00	<input type="checkbox"/> Credit card (+ \$6.00) Regular mail delivery	<input type="checkbox"/> Check/money order enclosed Regular mail delivery
Cardholder's Name	Card Number	Expiration Date

**Return completed application with payment (and notarized Sworn Statement if requesting authorized certified copies):**

**Mail:** Sacramento County Clerk/Recorder  
8239 East Stockton Boulevard, Suite A  
Sacramento, CA 95828

**Fax:** (916) 874-0947

FOR OFFICIAL USE ONLY			
Reel	Image	Certificate No.	Paper No.

## Sworn Statement

To obtain AUTHORIZED certified copies, the following statement must be completed by the applicant and acknowledged by a Notary Public using the certificate form provided below. Failure to submit a notarized Sworn Statement could result in processing delays. Applicants requesting only INFORMATIONAL copies do not need to complete the statement.

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
 Applicant's Printed Name

that I am an authorized person, as defined in California Health & Safety Code section 103526(c), and am eligible to receive an authorized certified copy of the birth record of the following individual(s):

<b>Name of Registrant (child identified on the birth certificate)</b>	<b>Applicant's Relationship to Registrant (Must be a relationship listed in Part 2 of the application)</b>

*(The remaining information must be completed in the presence of a Notary Public.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
 (Signature of Applicant)

**Note: Certificate of Acknowledgment must be completed by the Notary Public.**

## 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 \_\_\_\_\_)

On \_\_\_\_\_, before me, \_\_\_\_\_, personally  
 (insert name and title of the officer)  
 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 of Notary Public)

[Seal]

## Instructions

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As part of statewide efforts to prevent identity theft, California law requires this office to issue 2 different types of certified copies: **authorized** and **informational**. Both types are certified copies of the original document on file with our office.

An **authorized certified copy** establishes the identity of the registrant (the child identified on the certificate). Only individuals who are authorized by Health and Safety Code section 103526 can obtain an authorized certified copy of a birth record. (Part 2 of the application identifies the individuals who are authorized to make the request.) Applicants requesting an authorized certified copy must complete the **Sworn Statement**, declaring that they are eligible to receive the authorized certified copy, and have the Certificate of Acknowledgment completed by a Notary Public.

All other individuals are issued an informational certified copy, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

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### **Part 1 – Birth Record Information**

Provide all the information you have available to identify the record. If the information provided is incomplete or inaccurate, the record may be impossible to locate. For each record requested, indicate the type (authorized or informational) and number of certified copies desired.

### **Part 2 – Authorized Certified Copy**

To request an authorized certified copy, you (the applicant) must indicate your relationship to the registrant (the child identified on the certificate), complete the Sworn Statement on page 2, declaring under penalty of perjury that you are eligible to receive the authorized certified copy, and have the Certificate of Acknowledgment completed by a Notary Public. Applicants who cannot claim a relationship authorized by Health & Safety Code section 103526 are issued an informational certified copy, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

### **Part 3 – Applicant Information and Payment**

#### APPLICANT INFORMATION

Enter your name, address, and daytime telephone information in the space provided. Your telephone number is required for fulfillment of your order, and may be used in case we have questions regarding your order. Include a physical shipping address (street address, city, state, and Zip code) if requesting expedited delivery.

#### PAYMENT BY CHECK / MONEY ORDER

Mail the completed application along with check or money order to our office at the address shown on page 1 of the application. Payments must be made in U.S. dollars in the form of a personal check, cashier's check, certified check, traveler's check, or money order. Make checks payable to: "Sacramento County Clerk/Recorder." A returned check fee of \$53.00 will be charged on all returned checks (Sacramento County Code section 2.01.030).

#### PAYMENT BY CREDIT CARD

Payment by credit card is required for all fax orders. Complete the cardholder's name, card number, and expiration date (MM/YYYY). A processing fee of \$6.00 applies to credit card transactions that are faxed or mailed to our office for processing. Alternatively, you may order online at [www.VitalChek.com](http://www.VitalChek.com). VitalChek is a private company that provides a secure Internet site, allowing the public to order vital records 24 hours a day. Consult the VitalChek website for processing fees associated with vital copy requests.

#### DELIVERY METHOD

Expedited delivery via UPS Air is available for an additional cost of \$19.00 on orders paid by credit card. If selecting expedited delivery, you must include a physical address (street address, city, state, and Zip code); UPS will not deliver to post office boxes. Expedited delivery orders are processed within 2 business days of receipt. Regular Mail orders are processed within 2 weeks of receipt and shipped via first class postal service.

#### FEES

The fee is **\$34.00** for each certified copy.

**For questions about your order or further assistance, please contact our office:**

Telephone: (916) 874-6334  
Toll Free: (800) 313-7133 (within California, outside 916 area code)  
TDD: (800) 735-2929  
Fax: (916) 874-0947