

**MAIL APPLICATION FOR INFORMATIONAL CERTIFIED COPY  
OF A BIRTH OR DEATH RECORD**  
*PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING*

Mail order to:


Telephone Number (optional)

THIS BOX IS USED AS A MAILING LABEL FOR YOUR COPIES

<b>1</b>	<p><b>Registrant Information:</b> <span style="float: right;"><b>Number of copies requested:</b> _____</span></p> <p>Birth Record <input type="checkbox"/> (\$18.00) <span style="margin-left: 150px;">Death Record <input type="checkbox"/> (\$13.00)</span></p> <p>Name: _____  <span style="margin-left: 40px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 100px;">Last</span></p> <p>Date of Birth/Death: _____ Hospital/City of Birth/Death: _____  <span style="margin-left: 80px;">Month, Day, Year</span></p> <p>Father's Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 100px;">Last</span></p> <p>Mother's Maiden Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 100px;">Last</span></p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Name: _____  <span style="margin-left: 40px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 100px;">Last</span></p> <p>Address: _____  <span style="margin-left: 100px;">Number and Street</span> <span style="margin-left: 100px;">City</span> <span style="margin-left: 50px;">State</span> <span style="margin-left: 50px;">Zip Code</span></p>
<b>3</b>	<p>Anyone may obtain an informational certified copy of a birth or death record. The record is for informational purposes only and may not be used to establish identity. Informational copies will have the following words printed across the face of the document:</p> <p>“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”</p> <p>If you need a certified copy to obtain a driver's license, passport, register for insurance coverage, or to receive death benefits you should not use an informational certified copy of a birth or death record. Please refer to information on authorized certified copies.</p>
<b>4</b>	<p>APPLICANT SIGNATURE: _____ DATE: _____</p> <hr/> <p><b><u>Office use only:</u></b></p> <p style="text-align: center;">Local File # _____ Banknote Paper # _____ Deputy _____</p> <p style="text-align: center;">Date Issued _____ Search Letter _____</p>

**INSTRUCTIONS TO COMPLETE MAIL APPLICATION FOR  
INFORMATIONAL CERTIFIED COPY OF A BIRTH OR DEATH RECORD**

<b>1</b>	<b>Birth Certificate Information:</b>  Print or type number of copies requested <span style="float: right;"><i>(birth certificates are \$18.00 each)</i></span> Check whether it is a birth or death record <span style="float: right;"><i>(death certificates are \$13.00 each)</i></span> Print or type name of registrant/decedent Print or type date of birth/death Print or type city of death or hospital of birth Print or type father's name Print or type mother's maiden name
<b>2</b>	<b>Applicant Information:</b>  Print or type name of person ordering copy Print or type address of person ordering copy  Complete the mailing address in the box at the top
<b>3</b>	If you need a certified copy to obtain a driver's license, passport, register for insurance coverage, or to receive death benefits you should not use an informational certified copy of a birth or death record. Please refer to information on authorized certified copies.
<b>4</b>	Applicant signs and dates application in the appropriate spaces.

NOTE: When ordering by mail, send ALL copies of original application and appropriate fees with check or money order payable to:

Sacramento County Vital Records  
7001 East Parkway, Suite 650  
Sacramento, CA 95823  
(916) 875-5345