



***Applicant (Person or Agency requesting certified copy) Information & Mailing Address:***

Print or type your complete name and address

NOTE: This box is used as a mailing label for your copies.

***Phone Number:***

Print or type your complete telephone number including area code

***Applicant Information: Person or Agency requesting Certified Copies***

Please place a check in the appropriate box describing your relationship to the person named on the certificate

The California Health and Safety code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. If you are not an authorized person, we will send an informational copy only. This will state "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

**Per the Health and Safety code, section 103526 (c)** the following are authorized persons to purchase a certified copy of a birth certificate:

- A parent or legal guardian of the 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
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business
- 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

**103526(b)** Other; Any person or agency not authorized per the above will receive an informational copy

***Birth Certificate Information:***

Print or type number of copies requested (*each copy is \$17.00*)

Print or type name of person on the certificate

Print or type date of birth

Print or type hospital of birth

Print or type mother's maiden name

---

***Statement of Declaration***

**DO NOT COMPLETE THIS PORTION UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT** Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign a statement of declaration under penalty of perjury.

**Certificate of Acknowledgement**

Complete entire application then take to a notary public. Complete and sign the statement of declaration in front of the notary public. Request the notary acknowledge your signature in the statement of declaration. Mail ALL copies of the application form and appropriate fees with **check** or **money order** payable to:

Sacramento County Vital Records  
7001 East Parkway, Suite 650  
Sacramento, CA 95823

Information line:  
(916) 875-5345