

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD FOR STATE OF EMERGENCIES

Copy Type:

Wildfire Name:

CERTIFICATE TYPE: I am requesting an AUTHORIZED COPY (notarized sworn statement required)

I am requesting an INFORMATIONAL COPY

Part 1 - Relationship to Person on Certificate (Registrant): Check appropriate box.

The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)

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.)

A member of a law enforcement agency or representative of another governmental agency, as provided by law, who is conducting official business. (Companies represent a government agency must provide authorization from the government agency.)

Any person or agency empowered by statute or appointed by court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.)

An attorney represent the registrant or the registrant's estate.

Number of Copies

Part 2 - Birth Record Information: *Complete the information below as shown on the birth record.*

FIRST Name	MIDDLE Name	LAST Name
County of Birth		Date of Birth - MM/DD/YYYY
Parent FIRST Name		Parent LAST Name at Birth
Parent FIRST Name		Parent LAST Name at Birth

Part 3 - Applicant Information: *Please PRINT all information legibly.*

First Name		Last Name	
Mailing Address: Number, Street, and Unit # (if applicable)			City
Zip Code	State/Province		Country
Telephone (include area code)		Email Address	

Comments
