

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD -- \$17.00 PER COPY**

*(VITAL STATISTICS STORES BIRTH CERTIFICATE RECORDS ONLY **FOR THE CURRENT YEAR AND ONE YEAR PAST. ALL YEARS ARE STORED AT COUNTY CLERK**)*

An attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are **not** valid to establish identity.

SECTION 1: BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)				
First Name of Child		Middle Name of Child		Last Name of Child
Date of Birth	Gender	Name of Hospital		<b>FOR OFFICE USE ONLY</b> Date Received _____ No. _____ Date Prepared _____ Issued by _____ Receipt # _____ CC Auth # _____
Father's Name		When copies completed: <input type="checkbox"/> Pick Up <input type="checkbox"/> Mail		
Mother's Name				

SECTION 2: APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			
Name of Person Completing Application	Mailing address and zip code	Tel.	No. of copies requested: _____
Name of Person Receiving Copies, if Different From Above		Mailing Address for Copies, if Different From Above	

**IF APPLYING IN PERSON, GO TO 625 – 5<sup>TH</sup> STREET, SANTA ROSA (corner of 5<sup>th</sup> & Riley St.) 8:00 – 4:30 P.M. PHOTO ID IS REQUIRED.**

**IF MAILING YOUR APPLICATION:** The sworn statement on the back of this form must be notarized (see attached instructions).

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the Registrant. (To receive a Certified Copy you <b>must</b> indicate your relationship to the registrant by selecting from the list below, <b>AND</b> complete the Sworn Statement on the back of the form declaring that you are eligible to receive the Certified Copy. The Sworn Statement must be notarized if the application is submitted by mail.)	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY". (A Sworn Statement does not need to be provided.)
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<b>To receive a Certified Copy of a Birth Record, I am:</b> <input type="checkbox"/> A parent or legal guardian of the registrant. <input type="checkbox"/> A child, grandparent, sibling of the registrant. <input type="checkbox"/> A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting an 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. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)
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I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of  
(Printed Name)  
California that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am  
eligible to receive a certified copy of the birth record of the following individual(s):

Name of Child	Relationship to Child

Sworn this date: \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.

(today's date) (City) (State)

**Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of Vital Statistics staff. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.

WITNESS my hand and official seal.  
(NOTARY SEAL)

VS 111 Rev. (01/01/08)

**INFORMATION: Birth records are maintained in this office for the current year and one year past.** We are located at 625 – 5<sup>th</sup> Street, downtown Santa Rosa at the corner of 5<sup>th</sup> and Riley Sts. **Birth records of all years are stored** at County Clerk, 2300 County Center Dr. B-177, Santa Rosa, CA 95403. Tel. 707-565-2645.

**INSTRUCTIONS:**

1. For a regular Certified copy, complete the entire form.
2. For an Informational Copy: Mark the Informational Copy box and complete Sections 1 and 2 of this form. The cost is the same--\$17.00.
3. If you submit your order in person, you must:
  - Sign a sworn statement in the presence of an Office of Vital Statistics employee.
  - Show valid photo identification.
  - Submit payment by check, cash, postal or bank money order, Visa or MasterCard credit card.
4. **If you submit your request by mail, the sworn statement must be signed in the presence of a Notary Public.** PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time. However, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.
5. 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).
6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we can contact you when it is ready.
7. Faxed requests are acceptable if the notarized portion of the application is valid and readable AND is processed in combination with a phone call from the applicant paying for the certificate with a Visa or Mastercard credit card. After the credit card transaction is completed AND the faxed notarized application is received, a certified copy will be mailed to you. You may call from 9:00 a.m. – 4:00 p.m., Pacific Time, to request this service. Our phone number is: 707-565-4407 and our fax number is: 707-565-4413.
8. Submit \$17.00 for each certified copy requested. **If no record of birth is found, the \$17.00 fee will 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 payable to **Sonoma County Health Dept.** Mail this application with the fee(s) to the Office of Vital Statistics, 625 5<sup>th</sup> Street, Santa Rosa, CA 95404.

Additional application forms may be obtained through our web site:  
[www.sonoma-county.org/health/ph/vital\\_statistics/index.htm](http://www.sonoma-county.org/health/ph/vital_statistics/index.htm)

Office of Vital Statistics  
625 5<sup>th</sup> Street, Santa Rosa, CA 95404