

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

State of California - Health and Human Services Agency

California Department of Public Health

Preview your document

Please read the instructions before completing the application.

CERTIFICATE TYPE

â AUTHORIZED COPY (notarized sworn statement required)

â INFORMATIONAL COPY

Part 1 - Relationship to Person on Certificate

â Registrant â Parent â Legal Guardian

â Child â Spouse â Law Enforcement

â Attorney

Part 2 - Birth Record Information

FIRST Name: _____

MIDDLE Name: _____

LAST Name: _____

City of Birth: _____

County of Birth: _____

Date of Birth: _____

Part 3 - Applicant Information

Applicant Name: _____

Mailing Address: _____

Zip Code: _____

City: _____

State/Province: _____

Country: _____

Telephone: _____

Email Address: _____

Reason for Request: _____

Application Checklist