



Warren Slocum

Chief Elections Officer & Assessor-County Clerk-Recorder

555 County Center
 Redwood City, CA 94063
 phone 650.363.4500
 fax 650.363.4843
 email clerk@smcare.org
 web www.smcare.org

Application for Certified Copy of Vital Record

Type of Vital Record			
<input type="checkbox"/> Birth \$17	Were you adopted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Death \$12	<input type="checkbox"/> Marriage \$14	(Please see staff for Confidential Marriage)	
Please indicate whether you would like an Official Certified Copy or an Informational Copy.			
The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth, death and/or marriage records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."			
<input type="checkbox"/> Official Certified Copy <i>(You must indicate your relationship to the person named on the vital record from the list below.)</i>		<input type="checkbox"/> Informational Certified Copy <i>(You are NOT required to select from the list below in order to receive an Informational Copy.)</i>	
I am: (Please check the appropriate box)			
<input type="checkbox"/> The registrant on record		<input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant	
<input type="checkbox"/> A parent or legal guardian of the registrant		<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	
<input type="checkbox"/> A party entitled to receive the record as a result of a court order, or an attorney of 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"/> An agent or employee of a funeral establishment ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the health and Safety 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 official business			
Applicant Information (Please Read This Statement Prior to Completing and Signing the Form) – <i>I swear under penalty of perjury that I am an authorized person, as defined in CA Health & Safety Code Section 103526 list above, and am eligible to receive a certified copy of the birth, death or marriage record identified on this application form.</i>			
Printed Name of Person Completing Application		Signature & Sworn this _____ day of _____, 20_____.	
Residential Address – Number, Street		City	State Zip Code
Mailing Address, if different from above		Telephone Number	
Number of copies purchasing	Dollar amount enclosed	Driver's License # (or other gov't issued ID)	Clerk's Initials
Registrant Information			
For Birth/Death Record			
First Name	Middle	Last Name	Sex
Place – City or Town		County	
Date of Birth or Death – Month, Day, Year		Mother's Maiden Name	
Father's Name (For Birth Record only)		Name of Spouse – Husband or wife of Decedent (For Death Record Only)	
For Marriage Record			
First Name 1.	Middle	Last Name as Listed on Marriage Certificate	
First Name 2.	Middle	Last Name as Listed on Marriage Certificate	
County Office Where License was Issued:		Date of Marriage – Month, Day, Year	
Notice: Applications for official copies received by mail or fax must be accompanied by the notarized statement on back.			



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Notice: Applications for an "Official Certified Copy" received by mail or fax must be accompanied by this sworn and notarized statement.

This Sworn Statement is not required when requesting an Informational Certified Copy which is not valid to establish identity.

Sworn Statement

I, _____, swear under penalty of perjury under the laws of the State of California,
(Printed Name)
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, death or marriage record of the following individual(s):

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

Sworn this _____ day of _____, 20____, at _____, _____.

(Day)

(Month)

(City)

(State)

(Signature)

Certificate of Acknowledgment

State of _____ } ss.
County of _____ }

On _____, before me, _____, personally
(Insert your name and title)
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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(Notary Seal)

Notary Signature