



**APPLICATION FOR CERTIFIED COPY OF A BIRTH/DEATH RECORD**

*Notice: Orders received by mail must have the notary statement Part 5 completed (see instructions).*

**Processing time for mail requests: 3 - 5 working days**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive authorized copies of birth/death records. Those who are not authorized by law to receive the authorized copy will receive a certified copy marked “Informational, not a valid document to establish identity.” Please indicate whether you would like an authorized or an informational copy.

**Part 1.**

<input type="checkbox"/> I would like an authorized certified copy of the record identified on the application form. <i>(In order to receive the authorized copy, you must indicate your relationship to the person named on the application form by selecting from the list below. Complete parts 2, 3, 4, and 5)</i>	<input type="checkbox"/> I would like a certified informational copy of the record identified on the application form. <i>(You are not required to select from the list below in order to receive an informational copy. Proceed to Part 3)</i>
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**Part 2.**

**I am:**

- The person named on the certificate, or the parent or legal guardian of the person named on the certificate.
- A party entitled to receive the record as a result of a 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.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the person named on the certificate.
- An attorney representing the person named on the certificate or the his/her estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the person named on the certificate or his/her estate.
- A funeral director 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.

**Part 3. STOP! Do not complete the rest of this form before reading the attached instructions.**

<b>APPLICANT INFORMATION (Please print or type)</b>			
Printed name of person completing application		Date	Telephone Number ( )
Address - Number, Street		City	State    Zip Code
<b>Name of person receiving copies, if different from above:</b>			
First Name	Middle Name	Last Name	
<b>Mailing address for copies, if different from above:</b>			
Street Address		City	State    Zip Code

## APPLICATION FOR CERTIFIED COPIES OF BIRTH/DEATH RECORD

### Part 3. (Continued)

CERTIFICATE INFORMATION (Please print or type)		Birth: \$28.00 # of copies _____	Death: \$21.00 # of copies _____
Name – First (Given)	Middle	Last (Family)	Sex
Place of Birth/Death (City, County)		Date of Birth/Death	
Mother’s Maiden Name		Father’s Name	

CERTIFICATE INFORMATION (Please print or type)		Birth: \$28.00 # of copies _____	Death: \$21.00 # of copies _____
Name – First (Given)	Middle	Last (Family)	Sex
Place of Birth/Death (City, County)		Date of Birth/Death	
Mother’s Maiden Name		Father’s Name	

CERTIFICATE INFORMATION (Please print or type)		Birth: \$28.00 # of copies _____	Death: \$21.00 # of copies _____
Name – First (Given)	Middle	Last (Family)	Sex
Place of Birth/Death (City, County)		Date of Birth/Death	
Mother’s Maiden Name		Father’s Name	

CERTIFICATE INFORMATION (Please print or type)		Birth: \$28.00 # of copies _____	Death: \$21.00 # of copies _____
Name – First (Given)	Middle	Last (Family)	Sex
Place of Birth/Death (City, County)		Date of Birth/Death	
Mother’s Maiden Name		Father’s Name	

**Part 4**

**SWORN STATEMENT**

I, \_\_\_\_\_, swear/affirm/certify under penalty of perjury under  
(Printed Name)  
the laws of the State of California that the foregoing is true and correct.

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)

**Note: If submitting your order by mail, you must have this STATEMENT notarized using the Certificate of Acknowledgment below.**

**Part 5**

**CERTIFICATE OF ACKNOWLEDGMENT**

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

On \_\_\_\_\_, before me \_\_\_\_\_  
Date Name and Title of Officer

personally appeared \_\_\_\_\_,  
Name of Signer

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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

**Instructions:**

1. If you are requesting a certified Informational Copy, complete only the Applicant Information and certificate information portions of this form (Parts 1 and 3).  
If you are requesting an Authorized Certified Copy, complete Parts 1 through 5.
2. If you submit your request by mail, you must complete the SWORN STATEMENT (Part 4), signing it in the presence of a Notary Public to have it notarized (Part 5).  
**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 certificate(s) you wish to obtain and your relationship to those individuals.
3. For each additional record requested, please complete the boxes in Part 3.
4. Complete the Applicant Information section and provide your signature where indicated. Provide the information you have available to identify the name on the certificate. If the information you furnish is incomplete or inaccurate, it may not be possible to locate the record.
5. If no record is found, the fee will be retained for searching as required by statute and a Certificate of Search will be issued. If you are mailing your request, indicate the number of certified copies you want and include sufficient money with the application in the form of a check or money order made payable to:  
Recorder's Office  
Mail this application and the fees to:  
Santa Cruz County Recorder  
701 Ocean St., Room 230  
Santa Cruz, CA 95060
6. The correct fees are:  

<b>Birth</b>	-	<b>\$28.00</b>
<b>Death</b>	-	<b>\$21.00</b>