

APPLICATION FOR BIRTH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.

- ◆ The registrant or a parent or legal guardian of the registrant
- ◆ 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.
- ◆ 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 registrant
- ◆ 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 applying in person the application must be signed in the presence of the cashier.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

I am requesting an **AUTHORIZED** copy

I am requesting an **INFORMATIONAL** copy

AGE LAST BIRTHDAY - EDAD CUMPLIDA	NUMBER OF COPIES NUMERO DE COPIAS			FOR RECORDER USE ONLY _____ File Number Searched _____ Doubled _____
Month/Mes Day/Día Year/Año				
Date of Birth - Fecha De Nacimiento				
NAME GIVEN AT BIRTH (first, middle, last) -NOMBRE DE NACIMIENTO (primero, segundo, apellido)				
CITY OF BIRTH - CIUDAD DE NACIMIENTO				Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia
NAME OF FATHER - NOMBRE DEL PADRE				
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE				
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - PARENTESCO CON LAS PERSONA REGISTRADA (VEÁSE ARRIBA)				
<p>I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Date _____ Signature_____</p>				

DL/ID_____

NAME/NOMBRE		
STREET ADDRESS/NUMERO Y CALLE		
CITY /CIUDAD	STATE/ESTADO	ZIP/ZONA POSTAL

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

----- in a claim for -----
FEDERAL OR STATE AGENCY TYPE OF BENEFIT

DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT

NUMBER-STREET

CITY STATE ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.