

Amending A Birth Certificate After A Court Order Name Change



Upon request, this document will be made available in Braille, large print, and audiocassette or computer disk. To obtain a copy in one of these alternate formats, please call or write:

California Department of Public Health Vital Records - M.S. 5103 P.O. Box 997410 Sacramento CA 95899-7410

Sacramento, CA 95899-7410 Telephone: (916) 445-2684

California Relay: 711/1-800-735-2929

http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx

January 2013

Amending a Birth Certificate After a Court Order Name Change

I want to change my name on my birth certificate. Can I do this without going to court? No. The law does not allow us to completely change the registrant's name on a birth certificate unless the registrant has his or her name legally changed through the court process.

Only information that was *erroneously* entered *by the hospital staff* at the time of registration can be amended without going to court (documentation must be provided by the hospital to support the correction).

- We suggest you contact a family law attorney for legal advice in this matter. Our staff cannot provide legal advice, nor do we have information about the legal process.
- There are also books available at bookstores or public libraries to help you with the court process.
- You can also access the following website for additional information about the court process: www.courtinfo.ca.gov.

My parents changed their names through the court process. How can I change their names on my birth certificate?

- The Court Order Name Change process can only be used to change the name of the person listed on the birth certificate. However, with documentation supporting their own court order name change, parents may add an amendment to the child's birth certificate showing their name changes as an AKA ("also known as").
- There is no additional fee required to include an AKA for one or both of the parents on the child's birth record, as long as the AKA paperwork (Affidavit to Amend a Record) is received by OVR at the same time as the paperwork to change the child's name.

A sample Affidavit to Amend a Record is enclosed. If adding AKAs for *both* parents, this change can be combined on the same VS 24 Affidavit, a certified copy of the court order changing the name(s) of the parent(s) is required (supporting documentation must be included to support both AKAs).

If the parent's name(s) was changed through the Naturalization process, a photocopy of the Petition for Name Change from ICE (U.S. Immigration and Customs Enforcement) is required. Do not send us your Certificate of Naturalization (which has your picture on it).

My parents changed their names through the court process. How can I change their names on my birth certificate?

On the VS 24 for AKA, items 1 - A, B, and C should be the child's "new" name (as listed on the VS 23, items 12 - A, B and C).

The Court Order Name Change process cannot be used to *change* a parent listed on a child's birth certificate. In order to change a parent listed, you must petition the Superior Court. For more information on this process, please call our Customer Service Unit at (916) 445-2684 and request our pamphlet entitled "Adjudication of Facts of Parentage" (or you can download the pamphlet from our website).

(Continued)

I was born in California, but I changed my name in another state. Are court orders from other states acceptable? Yes. If you obtained your court order from a court in another state, the District of Columbia, or any territory of the United States, the order can be used to amend a California birth certificate.

Exception: If you reside in Hawaii, we *cannot* accept a name change issued by the Office of the Lieutenant Governor, because it is an administrative procedure and does not comply with California law.

Residents of Hawaii must petition the court in Hawaii or another U.S. state or territory.

After I get the court order, what do I submit to amend my birth certificate?

- You will need to complete an Application for Amendment of Birth Record to Reflect Court Order Change of Name, VS 23.
- You must include a certified copy of the court order name change. (See next section for explanation of "certified" copy.)

We do not return the court order after the amended birth certificate is prepared.

- Although this item is not required, it would help our staff if you could include a photocopy of the current birth certificate if you have it (this helps us identify the exact record to be amended).
- Mail the following items to our office using the address on the front of this pamphlet:
 - Completed VS 23.
 - \$ 20 fee.
 - Certified copy of the court order.
 - Photocopy of current birth certificate (if you have it).

After I get the court order, what do I submit to amend my birth certificate?

• If any of the required items are not included, your request will be returned to you for correction.

(Continued)

What is a "certified" copy of the court order?

1. A "certified" copy of the court order must be a *copy* of the order that was originally prepared by the court. *It cannot be an original printout*.

If the court gives you an original printout, please ask them to make a photocopy.

- 2. The photocopy that the court gives you must have:
 - a. An *original* court seal.
 - b. A signature (or signature stamp) of the judge.
 - c. A signature (or signature stamp) of the court clerk.

IMPORTANT:

- The "certified" copy must have an original court seal and a signature (or signature stamp) of the court clerk. It is the original seal and court clerk signature (certification) that make this a "certified" copy.
- Do not send us a copy where the court seal has been photocopied. The court seal must be an *original* seal.
- The court seal and signature must appear on the actual certified copy (either front or back) – and not on a blank sheet of paper.
- √ The "FILED / ENDORSED" stamp in the top right corner of the court order is not the court clerk's certification.
- ✓ You should keep a photocopy of the court order for your own file.

What is the fee to amend a birth certificate after a court order name change?

- \$20 which includes one Certified Copy of the new birth certificate.
- Additional copies are \$20 each.

What is the fee to amend a birth certificate after a court order name change?

 Fees should be paid by check or money order payable to CDPH Vital Records. International money orders for out-of-country requests should be payable in U.S. dollars.

(Continued)

Where can I get the VS 23?

Because the amendment document becomes part of the official record, it must be an *original* form (our office uses a special bond paper). *Photocopies are not acceptable.* One application form is included if you receive this pamphlet by mail. If you need additional copies of the VS 23 form, or are accessing this pamphlet on our website:

- Call our Customer Service Unit at (916) 445-2684.
- You can also get the form from the County Recorder or County Health Department in any California county.

How do I complete the VS 23?

A sample of what a completed form should look like is attached.

PART I:

 Complete the information exactly as it appears on the current birth certificate.

Note: If you need a copy of the current birth certificate to complete this section, you can get a copy by completing the Application for Certified Copy of Birth Certificate (attached) and submitting the application (and \$20 fee) to our office.

How do I complete the VS 23?

You do not need to complete the attached VS 111 (with Sworn Statement) unless you need to request a copy of the current birth certificate to help you complete the VS 23.

(Continued)

PART II:

Enter the Superior Court information (county, case number, etc.) AND the new name as changed by the court order.

PART III:

Complete items 13A-13G.

What makes a VS 23 form "acceptable?"

Important Information

Birth certificates are legal documents that must be able to hold up in any court, unchallenged as to their accuracy and reliability.

Because the amendment you submit becomes an actual part of this legal document, it must adhere to strict guidelines:

- Every item on the amendment must be completed.
- The amendment form must be an original, not a photocopy.
- Because the amendment form becomes part of the official record, every word and letter must be extremely clear and legible. Using a typewriter to complete the form ensures that the information is interpreted clearly.
- If you are not able to type the amendment, it is extremely important that you take the extra time to print very clearly and legibly.
 Documents that are not legible will be returned to you to complete again.
- Only black ink is acceptable.
- There cannot be any erasures, whiteout, or alterations.

How will I know if my request has been accepted?

Once your request has been received and evaluated, we will send you either:

- A postcard letting you know your request has been accepted and reminding you of our processing time.
- If your request is not accepted (e.g., due to insufficient fee, insufficient information, etc.), we will return your request to you with a letter explaining what needs to be corrected.

How will I know if my request has been accepted?

Please allow about 6 weeks to receive the acknowledgement postcard. Rejected requests can take up to 10 weeks to be returned.

(Continued)

How long will it take to get my amended birth certificate?

The processing time for birth amendments can be located on our website at:

http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx.

Once I file the amendment, what happens to my original birth certificate?

- The original record remains unchanged, and the amendment becomes page 2 of the birth certificate – making it a two-page document (per Health and Safety Code Sections 102140 and 103255).
- Anyone receiving a copy after the amendment is applied will receive a copy of both documents.

What if I still have questions?

If you have read this pamphlet thoroughly and still have questions that were not answered in this pamphlet, please call (916) 557-6076 and leave your name, telephone number, and question. One of our Amended Records staff will return your call within 48 hours.

If you have questions on the **status** of your request, please call our Customer Service Unit at (916) 445-2684 – **but only after the processing time has passed**.

Note to Customer:

We cannot process your request unless you complete both sides of the enclosed amendment form. The information on both sides is important information for our records, and both sides must be completed in order to process your request. Thank you.

AMENDMENT OF BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

NO ERASURES, WHITEOUTS, PHOTOCOPIES,

STATE	FILE NUMBER	OR ALTERATIONS	LOCAL REGISTRATION NUMBER				
TYPE OR	PRINT CLEARLY IN BLACK INK ONLY	' – THIS AMENDMENT BECOMES A F	PART OF THE OFFICIAL BIRTH RECORD				
PART I	INFORMATION TO LOCATE RECORD						
	1A. NAME—FIRST	1B. MIDDLE	1C. LAST (BIRTH)				
INFORMATION AS IT APPEARS ON <u>ORIGINAL</u> BIRTH RECORD	2. SEX 3. DATE OF BIRTH—MM/DD/CCYY 5A. FULL NAME OF FATHER/PARENT—FIRST	4A. CITY OF BIRTH 5B. MIDDLE	4B. COUNTY OF BIRTH 5C. LAST (BIRTH)				
	6A. FULL NAME OF MOTHER/PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)				
PART II	COURT ORDER INFORMATIO	N					
GENERAL INFORMATION	7. NAME OF COURT		8. COURT CASE NUMBER				
	9. COUNTY	10. STATE	11. DATE OF COURT ORDER—MM/DD/CCYY				
NEW NAME OF INDIVIDUAL AS CHANGED BY COURT ORDER	12A. FIRST	12B. MIDDLE	12C, LAST				
PART III	AFFIDAVIT AND SIGNATURE						
	I HEREBY CERTIFY UNDER PENALTY OF BY COURT ORDER AS STATED IN PART		DIVIDUAL IDENTIFIED IN PART I WAS CHANGED				
USE BLACK INK ONLY	13A. SIGNATURE OF APPLICANT	13B. PRINTED NAME	13C. DATE SIGNED—MM/DD/CCYY				
	13D. ADDRESS—STREET and NUMBER	13E. CITY	3F. STATE 13G. ZIP CODE				
STATE	THIS IS TO CERTIFY THAT THE OFFICE OF VITAL RECORDS HAS REVIEWED A CERTIFIED COPY OF THE COURT ORDER DESCRIBED IN PART II AND HAS ACCEPTED THIS AMENDMENT TO THE BIRTH RECORD AS PROVIDED BY STATUTE.						
REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS	15, DATE ACCEPTED FOR REGISTA	RATION				

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH; OFFICE OF VITAL RECORDS

FORM VS 23 (Rev. 1/08)

APPLICATION TO AMEND A BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

I hereby make application to amend the birth certificate for the individual identified. A fee is required to file the amendment, but the fee includes one certified copy of the newly amended record. There is a fee for each additional copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at www.cdph.ca.gov.

Enclosed is the fee of \$	for filing the amendment ar	nd one certified copy	of the newly ame	ended record.
Enclosed is the fee of \$	for an additional certified co	opy(ies) of the newly	amended birth re	ecord.
Printed Name of Applicant Telephone Number (Mailing Address of Applicant			\dashv
	City, State, ZIP Code			

GENERAL INFORMATION

- 1. The original certificate cannot be altered.
- 2. This amendment becomes a part of the original record, so please type or print clearly in black ink only.
- 3. Please submit original amendment form only. Photocopies of the amendment form will be rejected.
- 4. Your certified copy will include a copy of the original certificate with a copy of the amendment.
- 5. The certified copy of the certificate and the attached amendment must remain together for the certified copy to be valid.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

- 1. This form becomes a part of the original record type or print clearly in black ink only.
- 2. No erasures, whiteouts, photocopies, or alterations allowed.
- 3. Complete Part I, Items 1A 6C, with the information as it appears on the original certificate.
- 4. Complete Part II, Items 7 11, with the court order information.
- 5. Enter the new name(s) in Items 12A 12C EXACTLY as stated in the court order.
- 6. The applicant must sign in Item 13A, print his/her name in Item 13B, enter the date signed in Item 13C, and complete the address information in Items 13D 13GF.
- 7. Do not complete items 14 or 15. This space is reserved for State Registrar use only.
- 8. Make check or money order payable to the Office of Vital Records. When all paperwork is properly completed and signed, mail the form, the required fee(s), and a certified copy of the court order to:

California Department of Public Health Office of Vital Records MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS STATE FILE NUMBER LOCAL REGISTRATION NUMBER **BIRTH** DEATH **FETAL DEATH** TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD PART I INFORMATION TO LOCATE RECORD 1A. NAME—FIRST 1B MIDDLE 1C LAST INFORMATION 3. DATE OF EVENT-MM/DD/CC 5. COUNTY OF EVENT 2. SEX CITY OF EVEN AS IT APPEARS ON ORIGINAL RECORD 6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD 7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD 10. CORRECTED INFORMATION AS IT SHOULD APPEAR 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD 8 ITFM NUMBER TO BE CORRECTED LIST ONE ITEM PER LINE 11. REASON FOR CORRECTION We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct. **AFFIDAVITS** 12A. SIGNATURE OF FIRST PERSON 12B. PRINTED NAME 12C. TITLE/RELATIONSHIP TO PERSON IN PART I AND **SIGNATURES** 12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 12E. DATE SIGNED-MM/DD/CCYY **TWO PERSONS** MUST SIGN 13A. SIGNATURE OF SECOND PERSON 13B. PRINTED NAME 13C. TITLE/RELATIONSHIP TO PERSON IN PART I THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL 13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 13E. DATE SIGNED-MM/DD/CCYY DEATH **RECORD** 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR 15. DATE ACCEPTED FOR REGISTRATION STATE/LOCAL REGISTRAR **USE ONLY**

APPLICATION TO AMEND A RECORD

TYPE OR PRINT CLEARLY IN BLACK INK ONLY NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

If an acceptable application to amend the record is registered within one year of the date of the event, there is no processing fee; however, there is a fee required for a certified copy.

Enclosed is the fee of \$	for a certified copy of the newly amended record.
which includes one certified copy. There is a fee for each State Registrar for the current fees, or visit our website at year. Enclosed is the fee of \$	red one year or more after the date of the event, there is a fee for filing the affidavit, additional certified copy. Please contact your Local Registrar, County Recorder, or the www.cdph.ca.gov. for filing the affidavit and one certified copy of the newly amended record. for an additional certified copy(ies) of the newly amended record.
Printed Name of Applicant	Mailing Address of Applicant
Telephone Number ()	maining / leaf oct of / ppilodin
, , , , , , , , , , , , , , , , , , , ,	City, State, ZIP Code

GENERAL INFORMATION

- 1. The original certificate cannot be altered.
- 2. This amendment becomes a part of the original record, so please type or print clearly in black ink only.
- 3. Please submit original amendment form only. Photocopies of the amendment form will be rejected.
- 4. Your certified copy will include a copy of the original certificate with a copy of the amendment.
- 5. The certified copy of the certificate and the attached amendment must remain together for the certified copy to be valid.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

- 1. This form becomes a part of the original record type or print clearly in black ink only.
- 2. No erasures, whiteouts, photocopies, or alterations allowed.
- 3. Complete Part I, Items 1 7, with the information as it appears on the original certificate.
- 4. Enter the certificate item number(s) to be corrected, either from the original or subsequent amendment, in Part II—Item 8. List one item per line.
- 5. Enter the incorrect information that appears on the original certificate in the line(s) provided below Item 9.
- 6. In Item 10, enter the correct information as it should appear for each item listed in Item 9.
- 7. Enter the reason for the correction in Item 11.
- 8. Read the affidavit statement. Two persons who are certifying to the statement of corrections must sign the form.
- 9. Do not write in Items 14 or 15. This space is reserved for State or Local Registrar use only.
- 10. Make check or money order payable to the Office of Vital Records. When the paperwork is properly completed and signed by two parties, return this form, together with the required fee(s), to:

California Department of Public Health Office of Vital Records MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued Certified Informational Copies marked with the legend, "Informational, Not A Valid Document to Establish Identity."										
Please indicate the type of certified copy you are requesting:										
I would like a Certified Copy. This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)			☐ I would like a Certified Informational Copy. 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.)							
	NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.									
Fee: \$20 per copy (payable to CDPH Vital Records). PLEASE SU (CDPH cannot be held responsible for fees paid in cash that ar			<u> </u>					PLE		
To rec	eive a Certified Copy I am:									SE
	The registrant (person listed on the certific	cate) or a pa	rent or legal guard	lian of	the registrant. (Legal gu	uardian i	must pro	vide documen		
	A party entitled to receive the record as a record in order to comply with the require	result of a c	ourt order or an at	torne	y or a licensed adoption	agency	seeking th	ne birth	er.)	TACH
	A member of a law enforcement agency o business. (Companies representing a gov	•	•	•	•		•	s conducting o	official	СНЕС
	A child, grandparent, grandchild, brother of	or sister, spo	ouse, or domestic p	partne	r of the registrant.					X
	The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. (Legal guardian must provide documentation.) 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. (Please include a copy of the court order.) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.) A child, grandparent, grandchild, brother or sister, 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.									
	Appointed rights in a power of attorney, or supporting documentation identifying you			's esta	ate. (Please include a co	opy of th	ie power	of attorney, o	r	
APPL	ICANT INFORMATION (PLEASE P	RINT OR	TYPE)	Tod	ay's Date:					
Agency Name (if applicable)				Agei	ncy Case Number	Inmate ID Number				
Print Name of Applicant			Sign	ature of Applicant	Purpose of Request					
Mailing Address – Number, Street				Amount Enclosed – DO NOT SEND CASH Number of Copies						
				\$ Check \$ Money Order						
City			Name of Person Receiving Copies, if Different from Applicant							
State/Province ZIP Code			Mailing Address for Copies, if Different from Applicant							
Daytime Telephone (include area code) Country			City		State	ZIP Code				
BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted: No Yes (If Yes, see #4 on Page 2) Complete the information below as shown on the birth record, to the best of your knowledge.										
			MIDDLE Name	LAST Name						
City of Birth (must be in California)					County of Birth					
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)		SexFemaleMale					
Father/Parent FIRST Name MIDDLE Name					LAST Name (Before Marriage/Domestic Partnership)					
Mother/Parent FIRST Name MIDDLE Name					LAST Name (Before Marriage/Domestic Partnership)					

INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905. The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal name on the birth record.

INSTRUCTIONS:

- 1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
 - **Confidential Information on Birth Record:** some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of our website at: www.cdph.ca.gov. Only specific individuals may obtain confidential copies.
- 2. Complete a separate application for each birth record requested.
- 3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
- 4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

5. SWORN STATEMENT:

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant the relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement**.
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.
- 6. Submit \$20 for **each** copy requested. If no birth record is found, the \$20 fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
- 7. Mail completed applications with the fee(s) to:

California Department of Public Health Vital Records – MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410 (916) 445-2684

SWORN STATEMENT

that I am an authorized person, as defined in California Health and	Safety Code Section 103526 (c), and ar	n eligible to receive a
certified copy of the birth, death, or marriage certificate of the following	owing individual(s):	
Name of Person Listed on Certificate		o Person Listed on Certificate sted on Page 1 of Application)
(The remaining information must be completed in the presence of a Notary	Public or CDPH Vital Records staff.)	
Subscribed to this day of, (Month)	20, at (City)	, (State)
Note: If submitting your order by mail, you must have y Acknowledgment below. The Certificate of Acknowledg		ing the Certificate of
Acknowledgment below. The Certificate of Acknowledg local and state governmental agencies are exempt from	your Sworn Statement notarized us gment must be completed by a Not n the notary requirement.)	ing the Certificate of
Acknowledgment below. The Certificate of Acknowledg local and state governmental agencies are exempt from	your Sworn Statement notarized us gment must be completed by a Not	ing the Certificate of
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Acknowledgment below. The Certificate of Acknowledg local and state governmental agencies are exempt from CERTIFICATE OF State of	your Sworn Statement notarized us gment must be completed by a Not n the notary requirement.) 	ing the Certificate of ary Public. (Law enforceme
Acknowledgment below. The Certificate of Acknowledg local and state governmental agencies are exempt from CERTIFICATE OF State of) County of) before me, (insert name and title of the officer)	your Sworn Statement notarized us gment must be completed by a Not on the notary requirement.) ACKNOWLEDGMENT	ing the Certificate of ary Public. (Law enforceme
Acknowledgment below. The Certificate of Acknowledg local and state governmental agencies are exempt from CERTIFICATE OF State of	your Sworn Statement notarized us gment must be completed by a Not n the notary requirement.) ACKNOWLEDGMENT , personally appeared) (s) whose name(s) is/are subscribed to	the Certificate of cary Public. (Law enforcement)
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Acknowledgment below. The Certificate of Acknowledg local and state governmental agencies are exempt from CERTIFICATE OF State of) County of) before me, (insert name and title of the officer) proved to me on the basis of satisfactory evidence to be the person(owledged to me that he/she/they executed the same in his/her/theinstrument the person(s), or the entity upon behalf of which the persons	your Sworn Statement notarized us gment must be completed by a Not in the notary requirement.) ACKNOWLEDGMENT , personally appeared, personally appeared, is authorized capacity(ies), and that by son(s) acted, executed the instrument.	the Certificate of ary Public. (Law enforcement of the Certificate of the Certificate of the Certify under PENALTY OF
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CALIFORNIA COUNTY RECORDERS

Alamada	1100 Medican Street 1st Floor Oakland C 04607 (510) 272 6262
Alameda	1108 Madison Street, 1 st Floor, Oakland, C 94607, (510) 272-6362 P.O. Box 155, Markleeville, CA 96120-0217, (530) 694-2283
Alpine	810 Court Street, Jackson, CA 95642, (209) 223-6468
Amador	
Butte	25 County Center Drive, Suite 105, Administration Building, Oroville, CA 95965, (530) 538-7690 or 7691
Calaveras	Government Center, 891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6371
Colusa	546 Jay Street, Suite 200, Colusa, CA 95932, (530) 458-0500
Contra Costa	555 Escobar Street, Martinez, CA 94553, (925) 335-7900
Del Norte	981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216
El Dorado	360 Fair Lane, Placerville, CA 95667, (530) 621-5490
Fresno	2281 Tulare Street, Room 303, Fresno, CA 93712, (559) 600-3476
Glenn	526 West Sycamore Street, Courthouse, Willows, CA 95988, (530) 934-6412
Humboldt	825 5th Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382
Imperial	940 West Main Street, Room 206, El Centro, CA 92243, (760) 482-4272
Inyo	Courthouse, 168 N. Edwards Street, Independence, CA 93526, (760) 878-0222
Kern	1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6449
Kings	Government Center, 1400 W. Lacey Blvd., Hanford, CA 93230, (559) 582-3211, X 2470
Lake	Courthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293
Lassen	220 S. Lassen Street, Suite 5, Susanville, CA 96130, (530) 251-8234
Los Angeles	12400 Imperial Highway, Room 1002, Norwalk, CA 90650, (562) 462-2137 or 2101 or 2102
Madera	200 West 4 th Street, Madera, CA 93637, (559) 675-7724
Marin	3501 Civic Center Drive, Room 232, San Rafael, CA 94903, (415) 499-6092
Mariposa	4982 10th Street, P.O. Box 35, Mariposa, CA 95338-0035, (209) 966-5719
Mendocino	501 Low Gap Road, #1020, Ukiah, CA 95482, (707) 463-4376
Merced	2222 M Street, Merced, CA 95340, (209) 385-7627
Modoc	204 S. Court Street, Room 107, Alturas, CA 96101-4020, (530) 233-6205
Mono	74 North School Street, Annex 1, P.O. Box 237, Bridgeport, CA 93517-0237, (760) 932-5535
Monterey	168 West Alisal Street, First Floor, P.O. Box 29, Salinas, CA 93902-0029, (831) 755-5041
Napa	900 Coombs Street, Room 116, P.O. Box 298, Napa, CA 94559-0298, (707) 253-4246
Nevada	950 Maidu Avenue, Nevada City, CA 95959-6100, (530) 265-1221
Orange	12 Civic Center Plaza, Room 101 or P.O. Box 238, Santa Ana, CA 92702-0238, (714) 834-2500
Placer	2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600
Plumas	520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218
Riverside	2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92502-0751, (951) 486-7000
Sacramento	600 8th Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334
San Benito	County Courthouse, 440 5th Street, Room 206, Hollister, CA 95023-3896, (831) 636-4029
San Bernardino	222 W. Hospitality Lane, First Floor, San Bernardino, CA 92415-0022, (855) 732-2575
San Diego	1600 Pacific Highway, Room 260, or P.O. Box 12150, San Diego, CA 92112-4750, (619) 237-0502
San Francisco	One Dr. Carlton B. Goodlett Place, City Hall Room 190, San Francisco, CA 94102, (415) 554-2700**
San Francisco Health Dept.	101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-5596*, (415) 554-2700**
San Joaquin	44 N. San Joaquin St., Ste 260, or P.O. Box 1968, Stockton, CA 95201-1968, (209) 468-8075
San Luis Obispo	1055 Monterey Street, D120, San Luis Obispo, CA 93408, (805) 781-5080
San Mateo	555 County Center, 1 st Floor, Redwood City, CA 94063-1665, (650) 363-4500
Santa Barbara	1100 Anacapa Street, P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250
Santa Clara	County Government Center, East Wing, 1 st Flr, 70 W. Hedding St., San Jose, CA 95110, (408) 299-5669
Santa Cruz	701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-3222
Shasta	1450 Court Street, Suite 208, Redding, CA 96001-1679, (530) 225-5678
Sierra	P.O. Drawer D., Downieville, CA 95936, (530) 289-3295
Siskiyou	311 4th Street, Room 108, Yreka, CA 96098, (530) 842-8065 or 8066
Solano	675 Texas Street, Suite 2700, Fairfield, CA 94533, (707) 784-6294
Sonoma	2300 County Center Drive, Suite B-177, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2645
Stanislaus	1021 I Street, Suite 101, or P.O. Box 1670, Modesto, CA 95353, (209) 525-5251
Sutter	433 Second Street, Yuba City, 95991, (530) 822-7134
Tehama	633 Washington Street, Room 11 or P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350
Trinity	11 Court Street, P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215
Tulare	County Civic Center, 221 S. Mooney Blvd., Room 103, Visalia, CA 93291-4593, (559) 636-5050
Tuolumne	2 South Green Street, Sonora, CA 95370, (209) 533-5531
Ventura	800 South Victoria Avenue, LN 1260, Ventura, CA 93009, (805) 654-3666
Yolo	625 Court Street, Room B01, or P.O. Box 1130, Woodland, CA 95776-1130, (530) 666-8130
Yuba	915 8th Street, Suite 107, Marysville, CA 95901, (530) 749-7851

Public MarriagesBirth and Death Certificates