



BIRTH CERTIFICATE APPLICATION FORM

FEE PER COPY IS \$27.00

Select one option if **requesting in person**: Pickup Mail it to applicant

Certified Copy
You may establish identity with this type of copy
 Informational Copy.
You may NOT establish identity with this type of copy

1 BIRTH CERTIFICATE INFORMATION (REGISTRANT) BN#: _____ LRN: _____

First Name	Middle Name	Last Name	Date of Birth
City of Birth BERKELEY, CA	Gender	Mother's Maiden Name	No. of Copies

2 APPLICANT INFORMATION (REQUESTOR) (PRINT CLEARLY)

First Name	Middle Name	Last Name	YOUR Relationship to the registrant?	
Mailing Address (Number, Street)			Apt#/Unit	Telephone Number ()
City	State	Zip Code	Country (If outside of USA)	

3 SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California, 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 record of the individual named above.

Sworn on

At the city of

(Signature) (Please wait to sign in front of a clerk)

4 CERTIFICATE OF ACKNOWLEDGMENT (REQUIRED FOR INTERNET OR MAIL REQUESTS ONLY)

State of _____ **County of** _____

On ___/___/___ before me, _____ (Officer's name), personally appeared _____, 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.

PLEASE USE INK SEAL

NOTARY USE ONLY

NOTARY SIGNATURE

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WHO MAY APPLY?

- The registrant
- A child of the registrant
- Parent or court assigned legal guardian of the registrant
- Grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to it as a result of a court order
- A member of a law enforcement agency
- Governmental agency conducting official business .
- An attorney representing the registrant/the registrant's estate
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant/the registrant's estate.
- Licensed adoption agency.

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INSTRUCTIONS

In person:

- Complete Items 1 through 3 (**wait to sign in the presence of a clerk**).
- Have your payment and ID ready when you get to the counter.

By Mail:

- Complete Items 1 through 4. **PLEASE NOTE: Item 3 must be signed in the presence of a Notary Public.**
- Notarize the application.
- Enclose the fee amount (do not mail cash). (You must send the fee for each certified copy requested).
- Mail the request to: **City of Berkeley – HHCS - PH Division - Office of Vital Stats, 1947 Center St, 2nd Fl, Berkeley, CA 94704**

By Internet:

- Visit www.vitalchek.com to place your order.
- Look for a confirmation email (Authorization Form attached) sent to you by VitalChek.com.
- Print/Complete the Authorization Form and have it notarized. (Ink seal only)
- Fax the Authorization Form to the number listed on the upper left corner of it.
- After that, just wait to receive your order by the carrier you picked.
- Just as a reminder: VitalChek charges a fee for their services. Please check their website for the current fee.

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ADDITIONAL INFORMATION

- Birth records have been maintained in the City of Berkeley – Office of Vital Statistics since 1895.
- Processing time is **2-3 weeks** from the receiving date of your request.
- Expedite **delivery** (not processing time) is available for an extra fee (consult vitalchek.com for more detailed information).
- Use a separate application form for each individual.
- Only one notarized sworn statement is required when requesting multiple certificates at the same time. Simply list all the names on your sworn statement.
- If the registrant has been adopted, please fill out the request with the **adopted name**.
- If no record is found, the fee will be retained as required by statute and a "**Certificate of No Public Record**" will be issued.
- Forms of payment accepted by mail:
 - Personal check (pre-printed by the bank with name and address)
 - Postal or bank money order (International Money Order only for out-of-country requests)
- Make checks and money orders payable to: **City of Berkeley**

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NOTICE

If you applied by mail and did not receive the requested certificate(s), you must file a claim with our office within 3 months of your original request. After 3 months, our office will not accept any claims of lost mail and you will have to submit another notarized request with the required fee.

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CONTACT INFORMATION

Office of Vital Statistics
www.cityofberkeley.info/vitalstatistics/
vitalrecords@ci.berkeley.ca.us
 Telephone: (510) 981-5320 - Fax: (510) 981-5315

PLEASE LEAVE THIS SPACE BLANK

FOR VITAL STATISTICS USE ONLY