



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 Office of Vital Records
M.S. 5103

P.O. Box 997410

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>

November 2010

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 INS (Immigration and Naturalization Service) is required. Do not send us your Certificate of Naturalization (which has your picture on it).

(Continued)

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

(Continued)

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).

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, district, or 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).

(Continued)

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

(Continued)

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

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 \$16 each.

(Continued)

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 **Office of 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:

- Order forms electronically at:
<https://apps.cdph.ca.gov/AutoForm2/default.aspx?af=1184>.
Because of the volume of phone calls we receive, the internet is usually a faster process for our customers than calling our Customer Service Unit.
- 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 \$16 fee) to our office. Our average processing time for birth certificates is 12 weeks. However, our average processing time may have increased since the printing of this pamphlet. Please refer to our website at:

www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx, or call the Customer Service Unit at (916) 445-2684 to verify our current processing time. You may also get a copy much faster from the County Recorder in the county where the birth took place.

(Continued)

How do I complete the VS 23?

(Continued)

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.

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.

(Continued)

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,
OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES A PART OF THE OFFICIAL BIRTH RECORD

| PART I INFORMATION TO LOCATE RECORD | | | | | | |
|---|--|-----------------------------|------------------------------------|------------------------------------|-----------------------------|---------------|
| INFORMATION AS IT APPEARS ON ORIGINAL BIRTH RECORD | 1A. NAME—FIRST | | 1B. MIDDLE | | 1C. LAST (BIRTH) | |
| | 2. SEX | 3. DATE OF BIRTH—MM/DD/CCYY | 4A. CITY OF BIRTH | | 4B. COUNTY OF BIRTH | |
| | 5A. FULL NAME OF FATHER/PARENT—FIRST | | 5B. MIDDLE | | 5C. LAST (BIRTH) | |
| | 6A. FULL NAME OF MOTHER/PARENT—FIRST | | 6B. MIDDLE | | 6C. LAST (BIRTH) | |
| PART II COURT ORDER INFORMATION | | | | | | |
| 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 | | | | | |
| USE BLACK INK ONLY | I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE INDIVIDUAL IDENTIFIED IN PART I WAS CHANGED BY COURT ORDER AS STATED IN PART II. | | | | | |
| | 13A. SIGNATURE OF APPLICANT | | 13B. PRINTED NAME | | 13C. DATE SIGNED—MM/DD/CCYY | |
| | 13D. ADDRESS—STREET and NUMBER | | 13E. CITY | | 13F. STATE | 13G. ZIP CODE |
| STATE REGISTRAR USE ONLY | 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. | | | | | |
| | 14. OFFICE OF VITAL RECORDS | | 15. DATE ACCEPTED FOR REGISTRATION | | | |

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 and one certified copy of the newly amended record.

Enclosed is the fee of \$ _____ for an additional certified copy(ies) of the newly amended birth record.

Printed Name of Applicant _____

Mailing Address of Applicant _____

Telephone Number () _____

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

| | | | | | | |
|---|--|-----------------------------|------------|------------------|--|--------------------|
| INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 1A. NAME—FIRST | | 1B. MIDDLE | | 1C. LAST | |
| | 2. SEX | 3. DATE OF EVENT—MM/DD/CCYY | | 4. CITY OF EVENT | | 5. COUNTY OF EVENT |
| | 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

| | | | |
|------------------------------|--------------------------------------|--|---|
| LIST ONE ITEM PER LINE | 8. ITEM NUMBER TO BE CORRECTED | 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD | 10. CORRECTED INFORMATION AS IT SHOULD APPEAR |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--------------------------|-----|
| REASON FOR CORRECTION | 11. |
| | |
| | |

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 AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD | 12A. SIGNATURE OF FIRST PERSON | 12B. PRINTED NAME | 12C. TITLE/RELATIONSHIP TO PERSON IN PART I |
| | 12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) | 12E. DATE SIGNED—MM/DD/CCYY | |
| | 13A. SIGNATURE OF SECOND PERSON | 13B. PRINTED NAME | 13C. TITLE/RELATIONSHIP TO PERSON IN PART I |
| | 13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) | 13E. DATE SIGNED—MM/DD/CCYY | |

| | | |
|--------------------------------------|--|------------------------------------|
| STATE/LOCAL REGISTRAR USE ONLY | 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR | 15. DATE ACCEPTED FOR REGISTRATION |
|--------------------------------------|--|------------------------------------|

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.

If an *acceptable* application to amend the record is registered one year or more after the date of the event, there is a fee for filing the affidavit, which includes one certified copy. There is a fee for each additional certified 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 affidavit and one certified copy of the newly amended record.

Enclosed is the fee of \$ _____ for an additional certified copy(ies) of the newly amended record.

Printed Name of Applicant _____

Mailing Address of Applicant _____

Telephone Number () _____

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**DO NOT Complete This Application Before Reading the Instructions on Page 2**

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

Fee: **\$16 per copy** (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

| | |
|---|--|
| <input type="checkbox"/> 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.) | <input type="checkbox"/> 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, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- ☐ The registrant (person listed on the certificate) 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. *(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. *(If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)*

| APPLICANT INFORMATION (PLEASE PRINT OR TYPE) | | | | Today's Date: _____ | |
|--|------------------|---|---|---|-----------------|
| Agency Name (if appropriate) | | Agency Case No. (if appropriate) | | Purpose of Request | |
| Printed Name and Signature of Applicant | | | | Number of Copies | Amount Enclosed |
| Mailing Address – Number, Street | | | | Name of Person Receiving Copies, if Different from Applicant | |
| City | State / Province | ZIP Code | Mailing Address for Copies, if Different from Applicant | | |
| Daytime Telephone (include area code) () | | Country | City | State | ZIP Code |
| BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE) | | | | Adopted: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, see #4 on Page 2) | |
| FIRST Name on Certificate | | MIDDLE Name on Certificate | | BIRTH LAST Name on Certificate | |
| City of Birth (must be in California) | | | | County of Birth | |
| Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth) | | | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| FIRST Name on Certificate – Father/Parent | | MIDDLE Name on Certificate – Father/Parent | | BIRTH LAST Name on Certificate – Father/Parent | |
| FIRST Name on Certificate – Mother/Parent | | MIDDLE Name on Certificate – Mother/Parent | | BIRTH LAST Name on Certificate – Mother/Parent | |

INFORMATION: Birth records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

The “Birth” 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. AKA’s (Also Known As) and assumed names cannot be entered as the legal “Birth” name.

INSTRUCTIONS:

1. As of July 1, 2003, **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 Certificate section of our website: www.cdph.ca.gov (then select “Services”). 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 Certificate 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 you’re 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 \$16 for **each** copy requested. If no birth record is found, the \$16 fee will be retained for searching 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 the **Office of Vital Records**. Mail this application with the fee(s) to the Office of Vital Records at the address below.
7. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records - MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

BIRTH

Page 2 of 3

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicant's 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 or death record of the following individual(s):

| Name of Person Listed on Certificate | Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application) |
|--------------------------------------|--|
| | |
| | |
| | |
| | |

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____, _____.
(Day) (Month) (City) (State)

(Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
(here insert name and title of the officer)

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.
(SEAL)

SIGNATURE

CALIFORNIA COUNTY RECORDERS

| | |
|----------------------------|--|
| Alameda..... | 1108 Madison Street, Room 214, Oakland, C 94607, (510) 272-6363 |
| Alpine..... | P.O. Box 217, Markleeville, CA 96120-0217, (530) 694-2286 |
| Amador..... | 810 Court Street, Jackson, CA 95642 Attn: Tico, (209) 223-6468 |
| Butte..... | 25 County Center Drive, Administration Building., Oroville, CA 95965, (530) 538-7691 |
| Calaveras..... | Government Center, 891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372 |
| Colusa..... | 546 Jay Street, Colusa, CA 95932-2491, (530) 458-0500 |
| Contra Costa..... | 555 Escobar Street, Martinez, CA 94553, (925) 646-2365 |
| Del Norte..... | 981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216 or 7205 |
| El Dorado..... | 360 Fair Lane, Placerville, CA 95667, (530) 621-5490 |
| Fresno..... | 2281 Tulare Street, Room 303, or P.O. Box 766, Fresno, CA 93712, (559) 488-3476 |
| 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 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) 868-6400 |
| 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..... | Courthouse, 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 2103 |
| Madera..... | 200 West 4 th Street, Madera, CA 93637, (559) 675-7724 |
| Marin..... | 3501 Civic Center Drive, Courthouse, Room 234, San Rafael, CA 94903, (415) 499-6094 |
| Mariposa..... | 4982 10th Street, P.O. Box 35, Mariposa, CA 95338, (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 School Street, First Floor, P.O. Box 237, Bridgeport, CA 93517-0237, (760) 932-5530 |
| 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 94559-2936, (707) 253-4246 or 4105 |
| Nevada..... | 950 Maidu Avenue, Nevada City, CA 95959, (530) 265-1221 |
| Orange..... | 12 Civic Center Plaza, 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..... | 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, (909) 387-8314 |
| San Diego..... | 1600 Pacific Highway, Room 260, or P.O. Box 1750, San Diego, CA 92112-4147, (619) 237-0502 ext. 20 |
| San Francisco..... | One Dr. Carlton B. Goodlett Place, City Hall Room 190, San Francisco, CA 94102-4698, (415) 554-4176* |
| San Francisco Health Dept. | 101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-2700**, (415) 554-2710*** |
| San Joaquin..... | 6 South El Dorado, Second Floor, or P.O. Box 1968, Stockton, CA 95201-1968, (209) 468-3939 |
| San Luis Obispo..... | 1055 Monterey Street, D120, San Luis Obispo, CA 93408, (805) 781-5080 |
| San Mateo..... | Vital Records, 1st Floor, 555 County Center Dr., Redwood City, CA 94063-1665, (650) 363-4713 |
| Santa Barbara..... | 1101 Anacampa Street, P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250 |
| Santa Clara..... | County Government Center, East Wing, 70 W. Hedding St., San Jose, CA 95110, (408) 299-2481 |
| Santa Cruz..... | 701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800 |
| Shasta..... | 1450 Court Street, Suite 208, Redding, CA 96001, (530) 225-5678 |
| Sierra..... | P.O. Drawer D., Downieville, CA 95936, (530) 289-3295 |
| Siskiyou..... | 311 4th Street, P.O. Box 8, Yreka, CA 96097, (530) 842-8065 |
| Solano..... | 675 Texas Street, Fairfield, CA 94533, (707) 784-6290 |
| Sonoma..... | 585 Fiscal Drive, Room 103F, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2651 |
| Stanislaus..... | 1021 I Street, Suite 101, or P.O. Box 1670, Modesto, CA 95353, (209) 525-5251 |
| Sutter..... | 433 Second Street, or P.O. Box 1555, Yuba City, 95992-1555, (530) 822-7134 |
| Tehama..... | 633 Washington Street, 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 105, Visalia, CA 93291-4593, (559) 733-6419 |
| Tuolumne..... | 2 South Green Street, Sonora, CA 95370, (209) 533-5531 |
| Ventura..... | 800 South Victoria Avenue, LN 1260, Ventura, CA 93009, (805) 654-2295 |
| Yolo..... | 625 Court Street, Room B01, Woodland, CA 95695, (530) 666-8130 |
| Yuba..... | 915 8th Street, Suite 107, Marysville, CA 95901, (530) 749-7851 |

* Marriages

** Births

*** Deaths

Rev. 2-11-09