



Marin County Recorder
3501 Civic Center Drive, Room 232
San Rafael CA 94903
(415) 473-6094

REQUEST FOR CERTIFIED COPY OF BIRTH RECORD - \$25

The fee for vital records must be paid in advance by the applicant. If no record is found, the fee will be retained for searching as required by California statute, and a "Certificate of No Record Found" will be issued. [H&S 103625, GC 27369]

Birth Certificate Information

Number of Copies Requested

LAST NAME	First Name	Middle Name
Birth Date	City of Birth	County of Birth
Mother's Maiden Name—Last Name	Mother's First Name	Mother's Middle Name
Father's Last Name	Father's First Name	Father's Middle Name
Was the registrant adopted? (Only adopted certificate available.)	<input type="checkbox"/> Yes	Has the registrant's name changed by court order or amendment?
		<input type="checkbox"/> Yes

Requestor Information

Requestor's Full Name		E-mail Address	
Address – Number, Street		Telephone Number	Today's Date
Mailing Address for Copies, if Different from Above		City	State
		City	Zip Code

The California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive authorized certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive an informational certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY". Please indicate below whether you would like an **Authorized Certified Copy** or an **Informational Certified Copy**.

- | | |
|---|---|
| <input type="checkbox"/> I would like an Authorized Certified Copy of the record identified on this application form. (To receive an authorized certified copy, you must indicate your relationship to the person named on the application form by selecting from the list below and complete the attached sworn statement.) | <input type="checkbox"/> I would like an Informational Certified Copy of the record identified on this application form. (You are not required to select from the list below or complete a sworn statement in order to receive an informational certified copy.) |
|---|---|

- I am:
- The registrant (person named in the certificate) or a parent or legal guardian of the registrant.
 - A child, grandparent, grandchild, sibling, spouse, or domestic partner 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.
 - 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.

For Official Use Only

Book & Page / Document Number:	Bank Note Number(s):	Date Processed:	Processed by:
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STOP! If you are making your request in person, please wait to sign the sworn statement in the presence of a clerk.

IMPORTANT NOTE: If you are submitting your order by mail, you must sign the sworn statement in the presence of a notary public and the notary public must also fill out the Certificate of Acknowledgment. You may request certified copies for multiple individuals by mail and collectively notarize them; however, a separate application must be completed for each request. (A sworn statement is not required to obtain an Informational Certified Copy.)

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the
(Print Full Name)

State of California, that I am eligible to receive a certified copy of the birth record of the individual named on the certificate, that my relationship is accurately identified on this request form, and that the representations made herein are true and correct.

Sworn this _____ day of _____, _____ at _____,
(Day) (Month) (Year) (City) (State)

X _____
(Signature)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

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

personally appeared _____,
(name of individual appearing)

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 Signature)

(SEAL)

All requests must be accompanied by payment in the form of a cashier's check, money order, or imprinted check drawn on a California bank. **OUT-OF-STATE CHECKS WILL NOT BE ACCEPTED.** Make check payable to: "Marin County Recorder." To pay by credit card, submit your order through www.vitalchek.com, a third party service provider.

**Marin County Recorder
P.O. Box C
San Rafael, CA 94913**