



BIRTH RECORD

Instructions / Acknowledgment

Instructions for completing application form on reverse side:

1. Use separate application form for each different certified record of a birth.
2. Complete the Record and Applicant information sections, indicating if you want an *Authorized Certified copy* or an *Informational copy* of the record.
* **NOTE: If the application information requested is incomplete or inaccurate, it may be impossible to locate the record.**
3. Please read and sign the Sworn Statement ONLY if requesting an *Authorized Certified copy*.
4. If submitting request(s) by mail or by fax, the Sworn Statement **MUST** be signed in the presence of a Notary Public.
NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; the application with the notarized sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.
5. Submit the appropriate fee for each certified copy requested, along with **\$1.00** for return postage or a Self-Addressed Stamped Envelope. If mailing application(s), please make all checks or money orders payable to **YOLO COUNTY CLERK/RECORDER. For facsimile requests, please fax application and then call to give credit card information" (unless credit card form has been faxed).** If no record of the birth is found, the fee will be retained for searching, as required by statute, and a Certificate of Search indicating no record was found will be mailed to you.

MAIL COMPLETED APPLICATION WITH FEE(S) TO:

Yolo County Clerk/Recorder
PO Box 1130
Woodland, CA 95776-1130

Office (530) 666-8130 • Fax (530) 666-8109

www.yolorecorder.org



CERTIFICATE OF ACKNOWLEDGMENT

(for AUTHORIZED certified copies only, if mailed or faxed)

State of _____)

County of _____) §

_____)

On _____, before me _____
(date) (name and title of officer)

personally appeared _____ who proved to me on the basis of satisfactory
(name of person signing)

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,

Signature _____
(officer)

(NOTARY SEAL)



COUNTY OF YOLO
FREDDIE OAKLEY
CLERK/RECORDER

For official use only: Certificate #: _____ Gov't agency _____ Clerk initials _____
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CERTIFIED COPY
BIRTH RECORD

Today's Date: _____

Number of copies requested: _____

Birth Record \$21.00 per copy

Birth Record Information:				
Name on Certificate _____				
	First		Middle	Last
Date of Birth	____/____/____ Month/Day/Year	Place of Birth	_____ City	_____ County State
Father's Name: _____				
	First		Middle	Last
Mother's <u>Maiden</u> Name: _____				
	First		Middle	Last

Mark Appropriate Boxes

(See H&S Code 103526 below)

Authorized **CERTIFIED COPY** of the record
 (Sworn statement required)

INFORMATIONAL COPY of the record
 (Sworn statement *not* required)

The California **H&S Code 103526**, permits only persons as defined below to receive *Authorized* certified copies of Birth and Death records. Those who are not authorized by law will receive a certified copy stamped: **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

- I am:**
- 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.

Applicant Information:

Name: _____ Telephone Number: () _____
 (Print Name)

Address: _____
 Number and Street City State Zip Code

SWORN STATEMENT
 (Not required for an **INFORMATIONAL COPY**)

I, _____, declare under penalty of perjury under the laws
 (Printed Name)
 of the State of California, that I am an authorized person, as defined in California H&S Code 103526 (c), and am eligible to receive a certified copy of the birth record of the above and/or attached individual(s):

Sworn on _____ / _____
 (Date and Place) (Signature)

Note: If submitting your order by mail or facsimile, please read instructions carefully.