



BIRTH OR DEATH RECORD

Instructions / Acknowledgment

Instructions for completing application form on reverse side:

1. Use separate application form for each different certified record of a birth or death.
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 a Self-Addressed Stamped Envelope or in lieu of a Self-Addressed Stamped Envelope add **\$1.00** to your total for return postage. 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 for instructions.** If no record of the birth or death 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)

