



# County of Yolo

Clerk-Recorder

For official use only:

Certificate #: \_\_\_\_\_

Gov't agency \_\_\_\_\_ Clerk initials \_\_\_\_\_

## COPIA CERTIFICADA SIN COSTO DE NACIMIENTO "PARA INCENDIOS FORESTALES"

La fecha de hoy: \_\_\_\_\_

El numero de copias:   1  

### Acta de Nacimiento (Sin Costo)

#### Información de Nacimiento:

Nombre en la acta: \_\_\_\_\_  
Primero Segundo Apellido

La fecha de Nacimiento: \_\_\_\_\_ El lugar de Nacimiento: \_\_\_\_\_  
Mes/Día/Año Ciudad Condado Estado

El nombre del Padre: \_\_\_\_\_  
Primero Segundo Apellido

El nombre de la Madre: \_\_\_\_\_  
Primero Segundo Apellido (de Soltera)

### Marque las cajas apropiadas

(Vea el código S y S 103526 abajo)

El Código de Salud y Seguridad de California, **Sección 103526**, solamente permite a personas autorizadas como se define en la parte de abajo, para recibir copias certificadas y autorizadas. Aquellas personas que no sean autorizadas como lo indica la ley, recibirán solamente una copia certificada marcada:

Una **COPIA CERTIFICADA** de la persona registrada.  
(Juramento requerido)

#### Yo soy:

- La persona registrada, el padre o la madre, el(la) custodio(a) legal de la persona registrada.
- La persona autorizada por orden de la corte para recibir el registro, o un(a) abogado(a) o una agencia acreditada de adopción.
- Un miembro de una agencia del orden público o un representante de otra agencia gubernamental, como lo provee la ley, quien está manejando asuntos oficiales.
- Hijo(a), abuelo(a), nieto(a), hermano(a), esposo(a), o pareja doméstica de la persona registrada.
- Un(a) abogado(a) que representa al interesado o al estado, o cualquier persona o agencia autorizada por decreto o nombrado por la corte para actuar en nombre de la persona registrada.

#### Información de Aplicante:

Nombre: \_\_\_\_\_ Numero de Teléfono:(    ) \_\_\_\_\_  
En letra de molde

Domicilio: \_\_\_\_\_  
Numero y Calle o PO Box Ciudad Estado Código Postal

09/25/2020

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09/25/2020

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am an authorized  
 (Applicant’s Printed Name)

person, as defined in California Health and Safety Code Section 103526(c), and that I am a survivor of the Slater Fire in Siskiyou County and lost certified copies of birth, death, or marriage records as a result.

Pursuant to the Governor’s Proclamations of a State of Emergency, I am eligible to receive a free certified copy of the birth, death, or marriage certificate 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 CDPH 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**

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, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
 (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 OF NOTARY PUBLIC