



**COUNTY OF YOLO**  
**CLERK/RECORDER**

<b>For official use only:</b>	
Certificate #:	_____
Gov't agency	_____ Clerk initials _____

**CERTIFIED COPY**  
**"WILDFIRE" BIRTH RECORD**

Today's Date: \_\_\_\_\_

Number of copies requested:   1  

**(No Fee)**

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

<b>Mark Appropriate Boxes</b>	
(See H&S Code 103526 below)	
<input type="checkbox"/>	Authorized <b>CERTIFIED COPY</b> of the record (Sworn statement <u>required</u> )
The California <b>H&amp;S Code 103526</b> , permits only persons as defined below to receive <i>Authorized</i> certified copies of Birth and Death records.	
<b>I am:</b>	
<input type="checkbox"/>	The registrant or a parent or legal guardian of the registrant.
<input type="checkbox"/>	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.
<input type="checkbox"/>	A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
<input type="checkbox"/>	A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
<input type="checkbox"/>	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.
<b>Applicant Information:</b>	
Name: _____	Telephone Number: (    ) _____
(Print Name)	
Address: _____	_____
Number and Street	City State Zip Code

**SWORN STATEMENT (must be completed)**

I, \_\_\_\_\_, declare under penalty of perjury under the laws 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):  
(Printed Name)

Sworn on \_\_\_\_\_ (Date and Place) \_\_\_\_\_ (Signature)

**Note: You may submit your order by mail, fax or in person.**

# BIRTH RECORD

## Instructions / Acknowledgment

### Instructions for completing application form on reverse side:

1. Complete the Record and Applicant information
2. If submitting request by mail or by fax, the Sworn Statement MUST be signed in the presence of a Notary Public.

### MAIL COMPLETED APPLICATION TO:

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

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

[www.yolorecorder.org](http://www.yolorecorder.org)

.....

### 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 \_\_\_\_\_,  
(date) (name and title of officer)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory  
(name of person(s) 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)

**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 Butte, Los Angeles, or Ventura County (Camp, Hill, or Woolsey) Fire 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