BIRTH RECORD
Instructions / Acknowledgment

Instructions for completing application form on reverse side:

1. Use a separate application form for each different certified record of a birth.

2. Complete the BIRTH RECORDS and APPLICANT INFORMATION sections, indicating that you want an Authorized Certified 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 by the APPLICANT in the presence of a Notary Public.

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

APPLICANT MUST HAVE THEIR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC IF SUBMITTED BY MAIL OR FAX

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 ________________________________________,

(name of person(s) signing)

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,

Signature ______________________________

(officer) (NOTARY SEAL)

9/29/2016
CERTIFIED COPY
BIRTH RECORD

Affidavit of Homeless Status Form Must be Submitted with This Request Form

Today's Date: ________________________

Only 1 Copy Per Request

Birth Record Information:

Name on Certificate ________________________________________________________________________________________

Date of Birth ______/_____/____ Place of Birth ____________________

Month/Day/Year City County State

Father’s Name: __________________________________________________________

First Middle Last

Mother’s Maiden Name: ______________________________________________________________________________

First Middle Last

Mark Appropriate Boxes

(See H&S Code 103526 below)

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

The California H&S Code 103526, permits only persons as defined below to receive Authorized certified copies of Birth records.

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

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):

Sworn on ____________________________
(Date and Place)

(Signature)

Note: If submitting your order by mail or fax, please read instructions on the back carefully.

10/18/2019
AFFIDAVIT OF HOMELESS STATUS FOR FEE EXEMPT
CERTIFIED COPY OF BIRTH CERTIFICATE

INFORMATION

- A fee exempt copy of a birth record may be obtained from the local registrar, county recorder office in the county where the registrant was born, or the State Registrar.
- Each eligible person may only receive one fee exempt birth record, per application.
- Requests for fee exempt copies are still subject to other requirements outlined in the application for obtaining copies of birth records.
- Applications for a certified copy of a birth record may be obtained by contacting a county recorder or the State Registrar.

Requirements for eligibility to receive a fee exempt copy of a birth certificate:

- Requests may be made by a homeless person, child or youth who can verify status as homeless.
- Requests may be made by a homeless person, child, or youth on behalf of themselves or by any person lawfully entitled to request a certified record of live birth on behalf of a homeless child or youth.
- A “homeless person” and a “homeless child or youth” have the same meaning as defined in 42 United States Code Section (U.S.C.) 11301 et seq.
- A “homeless services provider,” as defined by statute, who has knowledge of a person’s status as homeless, must provide verification through completion of the affidavit.
- The affidavit will not be considered complete unless signed by both the homeless services provider and the person making the request for the birth record.

A “homeless services provider” includes:

1) A governmental or nonprofit agency receiving federal, state, or county or municipal funding to provide services to a “homeless person” or “homeless child or youth,” or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization.
2) An attorney licensed to practice law in this state.
3) A local educational agency liaison for homeless children and youth designated as such pursuant to Section 11432(g)(1)(J)(ii) of Title 42 of the United States Code, or a school social worker.
4) A human services provider or public social services provider funded by the State of California to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services.
5) A law enforcement officer designated as a liaison to the homeless population by a local police department or sheriff’s department within the state.
STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

California Department of Public Health

AFFIDAVIT OF HOMELESS STATUS FOR FEE EXEMPT
CERTIFIED COPY OF BIRTH CERTIFICATE

PLEASE READ THE INFORMATION SECTION BEFORE COMPLETING THIS AFFIDAVIT

Pursuant to Health and Safety Code Section 103577, local registrars, county recorders, and the State Registrar shall, without a fee, issue a certified record of live birth to any person who can verify his or her status as a homeless person. This affidavit must be used for the purpose of requesting a fee exempt certified copy of a Certificate of Live Birth.

SECTION I.

To be completed by the person making the request for the certified birth record (hereafter: “requestor”)

I, _________________________________ swear or affirm, to the best of my knowledge and belief, that on the date listed below in this section, I am:

____ a homeless person, or homeless child or youth;

OR,

____ a person lawfully entitled to request a certified record of live birth on behalf of the following homeless child or youth ________________________________.

Printed Name of Homeless Child or Youth

who is homeless, as defined by 42 U.S.C. Section 11301 et. seq.

Signature of Requestor ________________________________ Date ________________

SECTION II.

To be completed by a “homeless services provider” (See authorized list on reverse side)

Entity Name of Homeless Services Provider Furnishing Verification of Homelessness:

______________________________________________________________________________

Address: _______________________________________________________________________

Phone Number: ______________________ E-mail: ________________________________

I, _________________________________ swear or affirm, to the best of my knowledge and belief that on the date listed below in this section, ________________________________ is a homeless person or homeless child or youth, as defined by 42 U.S.C. Section 11301 et seq., and that I meet the requirements of a “homeless services provider” as defined within California Health and Safety Code Section 103577.

Signature of Agent for Provider ________________________________ Date ________________