APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

authorized indivi	ide efforts to prevent identit duals as listed on the applic	ation to receive certified	copies of	of birth or	death records.	. All others will be iss	ued			
Certified Inform IDENTITY."	ational Copies marked with	n the legend, "INFORMA	TIONAL	., NOT A	VALID DOCU	MENT TO ESTABLIS	SH			
	whether vou would like a Ce	rtified Copy or an Certi	fied Info	ormationa	al Copy.					
Please indicate whether you would like a Certified Copy or an Certifi I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE SWORN STATEMENT ON THE BACK OF THIS APPLICATION declaring that you are eligible to receive the Certified Copy . The sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state government agency.)				☐ I would like an Certified Informational Copy of the record identified on the application form. (You are NOT required to select from the list in order to receive an Certified Informational Copy.) This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."						
	cuments are certified cop f signatures, the documer	-			h our office. W	Vith the exception o	f the legend			
The registra documenta A party enti	tled to receive the record as a	result of a court order, or	attorney	or license	ed adoption age	ency seeking the birth				
 order to comply with requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of court order.) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.) 										
	A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.									
	representing the registrant or half of the registrant or the re		any per	son or age	ency empowere	d by statute or appoint	ed by a court			
Certificates	r employee of a funeral establ on behalf of individuals specif ights in a power of attorney, c documentation identifying	ied in paragraphs (1) to (5 or an executor of the regist	5), inclus	ive, of sub	division (a) of S	Section 7100				
INDICATE TYPE	REQUESTED. (Fees belo	w are for each certified	l сору о	f the Reg	jistrant.)					
	28) Were you adopted? Y		EATH	¥ /		EATH (\$18)				
	IFORMATION (PLEASE				s Date:	Deutine Telenhene	Number			
	d Signature of Person Com		gency N		oplicable)	Daytime Telephone ()	Number			
Address -Numbe	er, Street	City		State	Zip Code	Country				
Name of Person	Receiving Copies, If Differe	nt from Above	No. of	Copies	Amount Enclo	osed - DO NOT SENI	D CASH			
	(If different from above)	City		State	Zip Code	Country				
	INFORMATION LISTED		PLEASE							
FIRST NAME		Middle Name			t Name		Sex			
BIRTH	Date of Birth (If unknown, e		-	2	,	n San Joaquin Count	y)			
CERTIFICATE	Full Birth Name of Father	/Parent	Full E	Full Birth Name of Mother/Parent						
DEATH CERTIFICATE	Date of Death (Or Period of	of Years to be Searched) Place	of Death	- City or Town					
	1 -	For Official Use Or	ly							
Type of Certificat		als Date Copy Issued			Type Issued					
Birth Certificate #	Death	Bond Paper #			Certified DL/ID #	Informational				

١,

....

SWORN STATEMENT

____, swear under penalty of perjury under the laws of the State of California,

(Applicant's Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an authorized certified copy of the birth or death record 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 Front Page of Application)				
remaining information	n must be completed in	the presence of a	a Notary Public or Sa	n Joaquin County Reco	rders staff.)			
Sworn this	day of		, , at		, .			
-	(Day)	(Month)	(Year)	(City)	(State)			
: If Submitting you	ır order by mail. yo	_ u must have vo		oplicant's Signature)				
nowledgment below local and state gov	w. The Certificate o vernmental agencie	of Acknowledge es are exempt f	our sworn statem ment must be cor from the notary re	ent notarized using npleted by a Notary equirement.)				
nowledgment below local and state gov	w. The Certificate of vernmental agencie CERT	of Acknowledge as are exempt f IFICATE O c or other officer ndividual who sign	our sworn stateme ment must be con from the notary re F ACKNOW completing this cert ned the document to	ent notarized using npleted by a Notary equirement.)	the Certificate of Public. (Law enforceme			
nowledgment below	w. The Certificate of vernmental agencie CERT A notary public identity of the in attached, and	of Acknowledge as are exempt f IFICATE O c or other officer ndividual who sign	our sworn stateme ment must be con from the notary re F ACKNOW completing this cert ned the document to	ent notarized using npleted by a Notary equirement.) LEDGMENT ificate verifies only the o which this certificate i	the Certificate of Public. (Law enforceme			
State of	w. The Certificate of vernmental agencie CERT A notary public identity of the in attached, and	of Acknowledges are exempt f IFICATE O c or other officer ndividual who sign not the truthfuln	bur sworn stateme ment must be con from the notary re F ACKNOW completing this cert ned the document to ness, accuracy, or val	ent notarized using npleted by a Notary equirement.) LEDGMENT ificate verifies only the p which this certificate i idity of that document.	the Certificate of Public. (Law enforceme			
State of	w. The Certificate of vernmental agencie CERT A notary public identity of the in attached, and)))	of Acknowledges are exempt f IFICATE O c or other officer ndividual who sign not the truthfuln	bur sworn stateme ment must be con from the notary re F ACKNOW completing this cert ned the document to ness, accuracy, or val	ent notarized using npleted by a Notary equirement.) LEDGMENT ificate verifies only the p which this certificate i idity of that document.	the Certificate of Public. (Law enforceme			

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

San Joaquin County Office of the Assessor-Recorder-County Clerk P.O. Box 1968 Stockton, CA 95201-1968 (209) 468-3939