

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

**NOTICE:** Orders received by mail must be accompanied by the attached sworn statement (see the instructions enclosed).

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** Please indicate whether you would like a Certified Copy or a certified Informational Copy.

I would like a **Certified Copy** of the record identified on the application form. *(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)*

I would like a certified **Informational Copy** of the record identified on the application form. *(You are not required to select from the list below in order to receive an Informational Copy.)*

I am: (Please check one)

- 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.

**STOP! DO NOT complete the rest of this form before reading the detailed instructions enclosed.**

**APPLICANT INFORMATION** (PLEASE PRINT OR TYPE)

Printed Name of Person Requesting Record		Today's Date	Telephone Number – Area Code (    )	
Address – Number, Street		City	State	ZIP Code
		# Of Copies	Amount Enclosed	

**BIRTH CERTIFICATE INFORMATION** (PLEASE PRINT OR TYPE)

Name (Given)	Middle	Last (Family)
Birth Place – City or Town		County
Date of Birth – Month, Day, Year		Sex
Father's Name		
Mother's Maiden Name		

**BIRTH**

**(see reverse for sworn statement)**

**INFORMATION:** Birth records are maintained in the Stanislaus County Vital Records office for the current year and one year previous.

## **INSTRUCTIONS**

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Vital Records staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.**
4. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
5. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Birth Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. **If the registrant has been adopted, please make the request in the adopted name.**
6. Submit **\$17** for **each** certified copy requested. If no record of the birth is found, the **\$17** fee may be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests) made payable to **Vital Records**. Mail this application with the fee(s) to Vital Records, 820 Scenic Drive, Modesto, CA 95350.

Stanislaus County Vital Records  
820 Scenic Drive  
Modesto, California 95350

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**BIRTH**