

**MONTEREY COUNTY AUTHORIZED BIRTH RECORDS ONLY  
WRITTEN APPLICATION FOR AUTHORIZED CERTIFIED COPY  
OF A BIRTH RECORD**

***PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING***

<b>1</b>	<p><b>Birth Certificate Information:</b> <span style="float:right"><b>Number of copies requested:</b> _____</span></p> <p>Name: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> </p> <p>Date of Birth: _____ City of Birth: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month, Day, Year</span> </div> </p> <p>Father's Name: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> </p> <p>Mother's Maiden Name: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> </p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Name: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> </p> <p>Address: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number and Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div> </p> <p>Mailing Address: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>If different than above</span> <span>Number and Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div> </p> <p>Telephone Number (Including Area Code): (    ) _____</p>
<b>3</b>	<p>To obtain an authorized certified copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies, to your situation, and check the appropriate box below</p> <p><input type="checkbox"/> 103526(c)(1)    <input type="checkbox"/> 103526(c)(2)    <input type="checkbox"/> 103526(c)(3)    <input type="checkbox"/> 103526(c)(4)    <input type="checkbox"/> 103526 (c)(5)</p>
<b>4</b>	<p>I, _____ swear under penalty of perjury under the laws of the State of California,  <div style="display: flex; justify-content: center; margin-left: 20px;"> <span>(Printed Name)</span> </div> that I am an authorized person, as defined in California Health and Safety Code Section 103526 ©, and am eligible to receive a certified copy of the birth record identified on this application form.  Sworn this _____ day of _____, at _____.  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(Date)</span> <span>(Month)</span> <span>(Year)</span> <span>(City and State)</span> </div> Applicant' Signature: _____</p>
<b>5</b>	<p>State of _____)    <b>CERTIFICATE OF ACKNOWLEDGMENT</b></p> <p>County of _____)</p> <p>On _____, before me, _____, personally appeared _____  Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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.</p> <p>_____  Notary Signature <span style="float:right">(seal)</span></p>
<p><b>Office use only:</b> Reel/Image _____ Certificate # _____</p> <p>Paper # _____ Deputy _____</p>	

**MONTEREY COUNTY AUTHORIZED BIRTH RECORDS ONLY**  
**INSTRUCTIONS TO COMPLETE WRITTEN APPLICATION FOR AUTHORIZED**  
**CERTIFIED COPY OF A BIRTH RECORD**

<b>1</b>	<p><b>Birth Certificate Information:</b>  Print or type number of copies requested.  Print or type name of registrant.  Print or type date of birth.  Print or type city of birth.  Print or type father's name.  Print or type mother's maiden name.</p> <p><b>Please Note:</b> If the child was born in another County, was adopted or had a legal name change, Monterey County will not have a birth record. For births that occurred in another County you must write that County to request a birth certificate. To obtain a birth record after an adoption or legal name change you must write to the following address: Department of Health Services, Office of Vital Records-M.S. 5103, P. O. Box 997410, Sacramento, CA 95899-7410. State of California birth certificate fee \$14.00</p>
<b>2</b>	<p><b>Applicant Information:</b>  Print or type name of person ordering copy  Print or type address of person ordering copy  Print or type mailing address of person ordering copy, if different then address above  Print or type telephone number of person ordering copy, including area code</p>
<b>3</b>	<p><b>Using the list below check the box next to the code section in item 3 on the front of this application that authorizes you to obtain an authorized certified copy of a birth record:</b></p> <p>103526(c)(1) The registrant or a parent or legal guardian of the registrant</p> <p>103526(c)(2) 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.</p> <p>103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business</p> <p>103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant</p> <p>103526(c)(5) 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.</p>
<b>4</b>	<p><b>DO NOT COMPLETE THIS PART UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT ON ITEM 5.</b>  Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign a sworn statement under penalty of perjury.</p>
<b>5</b>	<p><b>CERTIFICATE OF ACKNOWLEDGMENT</b>  Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4. Mail the original application with the appropriate \$14.00 each certified copy fee (please send cashier's check or money order, out of state checks are not accepted) to:</p> <p>Monterey County Recorder  P. O. Box 29  Salinas, CA 93902</p> <p style="text-align: right;">Fax (831) 755-5064  Phone (831) 755-5041</p>