

**MONTEREY COUNTY AUTHORIZED BIRTH RECORDS ONLY
IN-PERSON APPLICATION FOR AUTHORIZED CERTIFIED COPY
OF A BIRTH RECORD**

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1	<p>Birth Certificate Information: Number of copies requested: _____</p> <p>Name: _____ First Middle Last</p> <p>Date of Birth: _____ City of Birth: _____ Month, Day, Year</p> <p>Father's Name: _____ First Middle Last</p> <p>Mother's Maiden Name: _____ First Middle Last</p>
2	<p>Applicant Information: INFORMATION OF PERSON ORDERING COPY</p> <p>Name: _____ First Middle Last</p> <p>Address: _____ Number and Street City State Zip Code</p> <p>Mailing Address: _____ If different than above Number and Street City State Zip Code</p> <p>Telephone Number (Including Area Code): (____) _____</p>
3	<p>To obtain an authorized certified copy you must check the appropriate box below:</p> <p>I am authorized to obtain an Authorized Certified Copy of the requested certificate because I am:</p> <p><input type="checkbox"/> The registrant or a parent or legal guardian of the registrant <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant</p> <p><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.</p> <p><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</p> <p><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</p>
4	<p>I, _____ swear under penalty of perjury that I am an authorized person, as Printed Name</p> <p>defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth record identified on this application form.</p> <p>Sworn this ____ day of _____, 20__, at Salinas, California.</p> <p>Signature: _____</p> <p>Office use only: Reel/Image _____ Certificate # _____</p> <p>Paper # _____ Cashiered by: _____ Copy made by: _____</p>

MONTEREY COUNTY AUTHORIZED BIRTHS ONLY
INSTRUCTIONS TO COMPLETE IN-PERSON APPLICATION FOR AUTHORIZED
CERTIFIED COPY OF A BIRTH RECORD

1	<p>Birth Certificate Information: 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>Please Note: 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 Fee \$14.00 each.</p>
2	<p>Applicant Information: 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, including area code, of person ordering copy.</p>
3	<p>Section 103526 of the California Health and Safety Code restricts who is authorized to obtain an authorized certified copy of a birth record. You must be one of the authorized persons described in the five qualifiers listed in Section 3 on the front of this application. Please check the box that authorizes you to obtain an authorized certified copy of a birth record.</p>
4	<p>Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record, to complete and sign the sworn statement in Section 4 on the front of this application. Please print your name in the space provided, and complete the sworn statement with your signature and the date and location where statement is signed.</p>

Certified Copy Fee:
Birth \$14.00 Each