

**MONTEREY COUNTY
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: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle Last </div> </p> <p>Date of Birth: _____ City of Birth: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Month, Day, Year </div> </p> <p>Father's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle Last </div> </p> <p>Mother's Maiden Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle Last </div> </p>
----------	--

2	<p>Applicant Information: INFORMATION OF PERSON ORDERING COPY</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle Last </div> </p> <p>Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Number and Street City State Zip Code </div> </p> <p>Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> If different than above Number and Street City State Zip Code </div> </p> <p>Telephone Number (Including Area Code): () _____</p>
----------	--

3	<p>To obtain an authorized certified copy you must check the appropriate box below: 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.</p> <p><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 of the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of 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 under the laws of the State of California, <div style="display: flex; justify-content: center; font-size: x-small;"> (Printed Name) </div> that I am an authorized person, as 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 _____, _____, at _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> (Date) (Month) (Year) (City and State) </div> </p> <p>Signature: _____</p>
----------	--

<p>Office use only: Reel/Image _____ Certificate # _____</p> <p>Paper # _____ Cashiered by: _____ Copy made by: _____</p>
--

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

1	<p>Birth Certificate Information:</p> <ul style="list-style-type: none">- 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>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 \$18.00 each</p>
2	<p>Applicant Information:</p> <ul style="list-style-type: none">- 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).
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 \$18.00 Each