

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

Type of record Authorized Certified Copy Informational Certified Copy: Contains the same information as an authorized copy, but will have a legend across the face with the statement "INFORMATIONAL, NOT VALID TO STABLISHED IDENTITY, both copies are certified. **\$25.00 Each** (CHECK OR MONEY ORDER ONLY BY MAIL) (CASH OR CHECK ONLY IN PERSON)

Baby's First Name/Primer Nombre del Bebe _____ Middle Name/Segundo Nombre _____ Last Name/Apellido (PATERNO) _____

Date of Birth: _____ Hospital: _____ Gender/Sexo _____
Fecha de Nacimiento: _____ Hospital donde nació _____ F__M__

Name of Mother: _____
Nombre de la Madre: _____

Name of Father: _____
Nombre del Padre: _____

Requested by/ Quien recoge el acta: Mother / Madre Father / Padre Grandparents / Abuelos

Address: _____
Domicilio: _____
City/Ciudad _____ State/Estado _____ Zip Code/Codigo Postal _____

I _____ ← (PARENT'S NAME)

Declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health & Safety Code Section 103526 @, and I am eligible to receive a certified copy of Birth record for the above named individual.

Yo _____ ← (NOMBRE DEL PADRE O LA MADRE)

Declaro bajo pena de perjurio bajo las leyes del estado de California. Que yo soy una persona autorizada como define la Sección del Código de Salud y Seguridad de California 103526 @, y que yo soy elegible para recibir una copia certificada del acta de nacimiento del individuo antes mencionado.

Please DO NOT SIGN unless you are asked to do so. Por favor NO FIRMAR hasta que se le pida hacerlo

Signature/Firma _____ Today's Date: Fecha de hoy _____

Note: If submitting your application by mail, you must have sworn statement NOTARIZED-see back of this form: (Certificate of Acknowledgement).

Nota: Si envía su solicitud por correo, necesita el juramento NOTARIZADO usando la pagina al reverso: (Certificado de Reconocimiento)

**County of Monterey, Department of Health
Vital Records Dept.
1270 Natividad Rd., Salinas, CA 93906**

**Office Hours/Horarios de Oficina:
Monday-Friday / Lunes a Viernes
9:00AM-12:00PM---1:00PM-4:00PM**

IMPORTANT/IMPORTANTE

In compliance to the California Health and Safety codes we cannot provide any information about the status of a birth certificate over the phone. **PLEASE, wait 4 weeks from date of birth to request your child's birth certificate, NO EXCEPTIONS!

** En cumplimiento con los códigos de Salud y Seguridad de California. No podemos dar información por teléfono sobre el estatus del acta de nacimiento. **FAVOR de esperar 4 semanas después del nacimiento del bebe antes de obtener el acta, NO EXCEPCIONES!**

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Printed Name)

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 death record of the following individual(s):

Name of the Person Listed on the Certificate	Your Relationship to the Person Listed on the Certificate

Subscribed to this _____ day of _____, 20____, at _____.
(Day) (Month) (City) (State)

(Signature of person requesting certified copy)

Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of County Clerk staff.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
County of _____) ss

On _____, before me, _____, personally
(Insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument 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.
(NOTARY SEAL)

NOTARY SIGNATURE