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: Fecha de Nacimiento: Hospital: Hospital donde nació Gender/Sexo

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/Eestado 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):

<table>
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<tr>
<th>Name of the Person Listed on the Certificate</th>
<th>Your Relationship to the Person Listed on the Certificate</th>
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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 _______________________

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