



BIRTH RECORD

Instructions / Acknowledgment

Instructions for completing application form on reverse side:

1. Use separate application form for each different certified record of a birth.
2. Complete the Record and Applicant information sections, indicating if you want an *Authorized Certified copy* or an *Informational copy* of the record.
* **NOTE: If the application information requested is incomplete or inaccurate, it may be impossible to locate the record.**
3. Please read and sign the Sworn Statement ONLY if requesting an *Authorized Certified copy*.
4. **If submitting request(s) by mail or by fax, the Sworn Statement MUST be signed in the presence of a Notary Public.**
5. **Submit the appropriate fee for each certified copy requested, along with \$1.00 for return postage or a Self-Addressed Stamped Envelope.** If mailing application(s), please make all checks or money orders payable to **YOLO COUNTY CLERK/RECORDER**. **For facsimile requests, please fax application and then call for instructions.** If no record of the birth or death is found, the fee will be retained for searching, as required by statute, and a Certificate of Search indicating no record was found will be mailed to you.

MAIL COMPLETED APPLICATION WITH FEE(S) TO:

Yolo County Clerk/Recorder
 Flora Alvarez, Chief Deputy Registrar
 625 Court Street, Room B-01
 Woodland, CA 95776

Office (530) 666-8130 • Fax (530) 666-8109
www.yolorecorder.org

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CERTIFICATE OF ACKNOWLEDGMENT

(for AUTHORIZED certified copies only, if mailed or faxed)

State of _____)
) §
 County of _____)

On _____, before me _____
 (date) (name and title of officer)

personally appeared _____ who proved to me on the basis of satisfactory
 (name of person signing)

evidence to be the person(s) whose name(s) 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,

Signature _____
 (officer)

(NOTARY SEAL)



COUNTY OF YOLO
FREDDIE OAKLEY
CLERK/RECORDER

For official use only:

Certificate #: _____

Gov't agency _____ Clerk initials _____

CERTIFIED COPY
BIRTH RECORD

Today's Date: _____

Number of copies requested: _____

\$21.00 per copy

Birth Record Information:

Name on

Certificate _____

First

Middle

Last

Date of Birth

Month/Day/Year

Place of Birth

City

County

State

Father's Name:

First

Middle

Last

Mother's Maiden Name:

First

Middle

Last

Mark Appropriate Boxes

(See H&S Code 103526 below)

Authorized **CERTIFIED COPY** of the record
 (Sworn statement required)

INFORMATIONAL COPY of the record
 (Sworn statement *not* required)

The California **H&S Code 103526**, permits only persons as defined below to receive *Authorized* certified copies of Birth records. Those who are not authorized by law will receive a certified copy stamped: **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

I am:

- The registrant or a parent or legal guardian of the registrant.
- 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.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- 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.

Applicant Information:

Name: _____ Telephone Number: () _____
 (Print Name)

Address: _____
 Number and Street City State Zip Code

SWORN STATEMENT
 (Not required for an **INFORMATIONAL COPY**)

I, _____, declare under penalty of perjury under the laws
 (Printed Name)
 of the State of California, that I am an authorized person, as defined in California H&S Code 103526 (c), and am eligible to receive a certified copy of the birth record of the above individual.

Sworn on _____ / _____
 (Date and Place) (Signature)

Note: If submitting your order by mail or facsimile, please read instructions carefully.