

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD
DO NOT Complete This Application Before Reading the Instructions on Page 2

In an attempt to stop the illegal use of vital records, as and part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copied of birth certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that **are not** valid to establish identity

Fee: **\$29.00 per copy** (payable to the Modoc County Recorders Office)

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified copy. This Copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selection from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state government agency)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states " INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY " (A Sworn Statement does not need to be provided)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information

- The registrant (person listed on the certificate) 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 law enforcement agency or a representative of another government agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- A child grandparent, grandchild, brother or sister, 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. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date: _____

Agency Name (If appropriate)		Agency Case No.(If appropriate)	Purpose of Request
Printed Name of Applicant		Number of copies	Amount Enclosed
Mailing Address-Number, Street		Name of Person receiving Copies, if different from Applicant	
City	State	Zip Code	Mailing Address for Copies, If Different from Applicant
Daytime Telephone (include Area Code) ()		City	State, & Zip Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE) **Adopted: No** **Yes** **(If yes, see # 4 on page 2)**

FIRST Name of Certificate	MIDDLE Name of Certificate	BIRTH LAST Name on Certificate
City of Birth (Must be in California)		County of Birth
Date of Birth-MM/DD.CCYY (if unknown, enter approximate date of birth)		Sex Female <input type="checkbox"/> Male <input type="checkbox"/>
FIRST Name on Certificate-Father/Parent	MIDDLE Name on Certificate	BIRTH LAST Name on certificate-Father/Parent
FIRST Name on Certificate-Mother/Parent	MIDDLE Name on Certificate	BIRTH LAST Name on Certificate-Mother/Parent

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Birth Record to establish identity of the registrant (person listed on the certificate). (Page 1 identified the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked "Informational, Not a Valid Document to Establish Identity"

Confidential Information on Birth Record: Some Individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the Birth a Certificate section of the California Department Of Public Health at www.cdph.ca.gov (then select "Services"). Only Specific individuals may obtain confidential copies

2. Complete a separate application for each birth record requested.
3. Complete the **Application Information** section on Page 1 and provide your signature where indicated. In the **Birth Certificate Information** section, provide all the information you have available to identify the birth record. If the Information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. If the registrant has been adopted, make the request in the adopted name. (If you're requesting a copy of the original birth certificate, you must provide a court order releasing the original sealed record the to Department of Public Health. the local registrant of births does not have the sealed certificate).
5. **SWORN STATEMENT:**
The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record, and identify their relationship to the registrant the relationship must be one of those identified on Page 1.

If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local state government agencies are exempt from the notary requirement.**

You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

6. Submit \$29.00 for **each** copy requested. If no birth record id found, the \$29.00 fee will be retained for searching the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order made payable to The Modoc County Records Office. Mail this application with the fee(s) to the Modoc County Records Office at the address below.
7. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Services.

Modoc County Records Office
204 S. Court Street. Rm 106.
Alturas, CA 96101

BIRTH
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SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California.
(Applicant's 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 birth or death record of the following individual(s)

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Recorders Office Staff)

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

(Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, Personally appeared _____
(here insert name and title of the officer)

Who proved to me on the basis of satisfactory 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 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 is true and correct.

Witness my hand and official deal.
(SEAL)

SIGNATURE