

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

DO NOT Complete This Application Before Reading the Instructions on Page 3

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies 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 per Public copy**
\$22 per Government Copy

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 selecting 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 documents 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 the Yuba County Clerk; however, the informational copy contains an overlay indicating the document may not be used to establish identity.

To receive a Certified Copy, I am:

- 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 a law enforcement agency or a representative of another governmental 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 or attorney with this application form.)

*Please provide pertinent documentation as applicable (legal guardian, court order, power of attorney, etc.)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Today's Date: _____

Agency Name (if appropriate)		Agency Case No., (if appropriate)	Purpose of Request		
Printed Name and Signature of Person Completing Application			Number of Copies	Amount Enclosed	
Mailing Address - Number, Street			Name of Person Receiving Copies, if Different From Applicant		
City	State	Zip	Mailing Address for Copies, if Different From Applicant		
Daytime Telephone (include area code) ()		Country	City	State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Adopted: No Yes (If Yes, see #4 on Page 2)

BIRTH Name on Certificate (Last)		FIRST Name on Certificate	MIDDLE Name on Certificate
City of Birth (must be in Yuba County)			County of Birth
Date of Birth - MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
BIRTH Last Name on Certificate - Father/Parent	FIRST Name on Certificate - Father/Parent	MIDDLE Name on Certificate - Father/Parent	
BIRTH Last Name on Certificate - Mother/Parent	FIRST Name on Certificate - Mother/Parent	MIDDLE Name on Certificate - Mother/Parent	

BIRTH

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 individuals.

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 Yuba County Clerk staff.)

Subscribed to this _____ day of _____, 20_____, at _____, _____
(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 Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

ACKNOWLEDGMENT

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.

State of California

County of _____

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

personally appeared _____

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 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 _____ (SEAL)

INSTRUCTIONS:

1. As of July 1, 2003, **ONLY**, individuals who are authorized by Health and Safe 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 identifies 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 confidential information, please refer to the Birth Certificate section of the California Department of Health website: www.dhs.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 **Applicant 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.
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 and state governmental 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. **PAYMENT:**

- Certified copies or certified information copies are \$29.00 **each**.
- If no birth record is 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 money order made payable to either Yuba County Public Health or to the Yuba County Clerk depending on which agency you are requesting copies from. Mail this application with the fee(s) to the corresponding address below.

NOTE: Yuba County Public Health Division retains birth and death certificates for the current and preceding year up to two (2) years maximum. Mailed requests beyond this period will be referred to the Clerk Recorders Office.

7. **Return Mail Option:** Include a self-addressed stamped envelope for the completed certificate to be returned using the U.S. Postal Service. If you prefer priority return mail service, the following option is available.

Prepaid Envelope: You can include a self-addressed **prepaid** envelope from a priority mail courier (e.g., Fed Ex, U.S. Postal Express Overnight, etc.). (Most couriers do not deliver to a post office box.) If you choose this option include a separate return envelope for each application. Be sure to mail us the courier envelope as well as the mailing label. Fill in all information on the mailing label (include **your** name and address as the receiver **and shipper**). Write down the mailing label tracking number for your file - you'll need this tracking number if it's necessary to track the delivery through the mail courier.

The priority mail service applies **only to the return mail service**. It does not expedite Yuba County Clerk internal processing time.

For Requests of certificates for the current and preceding years
up to two (2) years maximum.

All Other Requests

Yuba County
Health and Human Services Department
5730 Packard Avenue, Suite 100
P.O. Box 2320
Marysville, CA 95901
(530) 749-6366

Yuba County Clerk
915 8th Street, Suite 107
Marysville, CA 95901
(530) 749-7851