APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form).

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."** Please indicate whether you would like a Certified Copy or a certified Informational Copy.

☐ I would like a **Certified Copy** of the record identified on the application form. ***(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)***	☐ I would like a certified **Informational Copy** of the record identified on the application form. ***(You are not required to select from the list below in order to receive an Informational Copy.)***

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.

STOP! DO NOT complete the rest of this form before reading the detailed instructions on the back.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name **and Signature** of Person Requesting Record		Today's Date	Telephone Number – Area Code First ( )	
Address – Number, Street	City		State	ZIP Code
Name of Person Receiving Copies, if Different From Above	No. of Copies	Amount Enclosed	E-mail Address	
Mailing Address for Copies, If Different From Above	City		State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First Name	Name of Certificate – Middle Name	Name on Certificate – Last name
City or Town of Birth		Place of Birth – County
Date of Birth – Month, Day, Year (If unknown, enter approximate date of birth)		Sex ☐ Female ☐ Male
Name on Certificate – Father's First Name	Name on Certificate – Father's Middle Name	Name on Certificate – Father's Last Name
Name on Certificate – Mother's First Name	Name on Certificate – Mother's Middle Name	Name on Certificate – Mother's Last Name

INFORMATION: Birth records will be maintained at Merced County Public Health Department for the current year and the previous Year only. All other years are maintained at Merced County Recorder's Office.

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Birth Certificate information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.

2. If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Records staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.**

3. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement.)

4. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Birth Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.

5. Submit **$25** for **each** certified copy requested. If no record of the birth is found, the **$25** fee will be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order made payable to the **Merced County Public Health Department**. Mail this application with the fee(s) to the Merced County Public Health Department, 260 East 15th Street, Merced, CA 95341.

SWORN STATEMENT

I, _____, swear 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 birth or death record of the following individual(s):

Sworn this _____ day of _____, 20_____, at _____, _____.
(Day) (Month) (City) (State)

_____
(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____) County of _____)

On _____, before me personally appeared _____.

personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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