

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

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

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth or death 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 an 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.)*

FEES: BIRTH \$29.00 DEATH \$24.00
Fee: Birth (Government Agency) \$22.00

I would like an **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.)*

FEES: BIRTH \$29.00 DEATH \$24.00
Fee: Birth (Government Agency) \$22.00

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The Sworn Statement **MUST BE NOTARIZED** unless you are a member of a law enforcement agency or representative of a state or local government agency, an agent or employee of a funeral establishment.

RELATIONSHIP:

- Child/Sibling of Registrant(or relative described in HSC § 7100 (a)(1)-(8)
- Spouse/Registered Domestic Partner of Registrant.
- Grandparent/Grandchild of Registrant.
- Attorney Representing Registrant or Registrant’s Estate
- Authorized by Court Order (Include copy of the Court Order)
- Law Enforcement/Govt. Agency (Conducting Official Business)
- Parent/Legal Guardian of Registrant (Must provide documentation)
- Surviving Next of Kin (Specified in HSC §7100)
- An Agent or Employee of a Funeral Establishment (Acting within the scope of employment and on behalf of persons specified in HSC §7100 (a)(1)-(8)
- Power of Attorney/Executor of the Registrant’s Estate (Include a copy of the power of attorney or documentation identifying you as executor.)

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

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application		Today’s Date	Telephone Number ()
Address – Number, Street		City	State ZIP Code
No. of Copies			

REGISTRANT INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First		Middle	Last	Sex
Date of Birth	Place of Birth – City or Town		Place of Birth – County	
Date of Death (Or Period of Years to be Searched)		Place of Death – City or Town	Place of Death – County	
Father’s Name			Mother’s Maiden Name	

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Registrant Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form.
2. Use a separate application form for each different record of birth or death for which you are requesting a certified copy.
3. 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 **Registrant Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
4. After completing the application, please sign the sworn statement in the presence of the Clerk/Recorder staff. **DO NOT SIGN THE SWORN STATEMENT UNTIL ASKED TO DO SO.**

For Official Use Only		
Book/Yr	Page/No.	Initial of Clerk who verified information:
Banknote Certificate #		Type Issued: ___Certified ___Informational
Date Copy Issued		Initial of Clerk issuing copy _____
Date Copy Given or Mailed Out		Initial of Clerk checking copy _____

Glenn County
Office of Clerk/Recorder
516 West Sycamore Street, 2nd Floor
Willows, CA 95988
(530) 934-6412

BIRTH OR DEATH

SWORN STATEMENT

(*Required for certified copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity.)

*Any member of law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business must complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.

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):

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

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

(Signature)