

Instructions To Complete Mail-In Application For Authorized Certified Copy of A Birth Record

1	<p>Birth Certificate Information: Print or type number of copies requested Print or type date of birth Print or type city of birth Print or type name of registrant Print or type father's name Print or type mother's maiden name</p>
2	<p>Applicant Information: Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different than address above Print or type daytime telephone number of person ordering copy, including area code</p>
3	<p>You must be one of the authorized persons described in the five sentences in area 3 on the form. Please check the box that authorizes you to obtain an unrestricted certified copy of a death record.</p> <p>103526(c)(1) The registrant or a parent or legal guardian of the registrant.</p> <p>103526(c)(2) 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.</p> <p>103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.</p> <p>103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.</p> <p>103526(c)(5) 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.</p>
4	<p>Do not complete this part until you are with the notary public who will prepare the certificate of acknowledgement in item 5. Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a birth record to complete and sign a sworn statement under penalty of perjury.</p>
5	<p>Certificate of Acknowledgement Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4.</p>
\$	<p>Submit \$16.00 for each certified copy requested. Include sufficient money with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to <i>Butte County Department of Public Health</i>.</p> <p>Mail the original application with the appropriate fee(s) to: Butte County Department of Public Health Office of Vital Statistics 202 Mira Loma Drive Oroville, CA 95965-3500</p>