



# SAN MATEO COUNTY HEALTH – Office of Vital Records

1600 W. Hillsdale Blvd #203 San Mateo, CA 94402 Telephone 650.573.2395 [www.smchealth.org](http://www.smchealth.org)  
**MAIL APPLICATION TO: P.O. BOX 5127 REDWOOD CITY, CA 94063**

## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD FOR GOVERNMENTAL AGENCIES

**\$32 per copy – We accept Cash, Check, VISA or MasterCard in person. Mail-in orders check or money order only.**

Our office only has records from year 1966-Present, if requesting prior records please contact Assessor-Clerk Recorder at 650-363-4500.

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 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 an Official Certified Copy or an Informational Copy

<input type="checkbox"/> <b>Official Certified Copy</b> You must indicate your relationship to the person named on the vital record from the list below.	<input type="checkbox"/> <b>Informational Certified Copy</b> You are NOT required to select from the list below in order to receive an Informational Copy.
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### I am: (Please check the appropriate box)

<input type="checkbox"/> 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)	<input type="checkbox"/> A party or attorney entitled to receive the record on behalf of a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please provide copy of court order or pertaining documentation from government agency)
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### Applicant Information (Please Print or Type) - Please include a self-addressed envelope if mailing

Printed Name of Person Completing Application				
Residential Address – Number, Street		City	State	Zip Code
Telephone #	Purpose of Request			
Name of Person Receiving copies if different from person completing application – Please include a self-addressed envelope if mailing				
Mailing Address if different from above		City	State	Zip Code
Total # of copies purchasing	Amount enclosed – Check payable to <b>Office of Vital Records</b> \$		Driver's License # (or other gov't issued ID)	

### Registrant Information – Please provide the BIRTH information below

<b>For Birth Record</b>			
First Name	Middle Name	Last Name	Sex
Place of Birth – City or Town	County		
Date of Birth – Month/Day/Year	Father/Parent Name	Mother/Parent Name	

## SWORN STATEMENT

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526c, and am eligible to receive a certified copy of the birth or death record of the following individual:

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate <small>(Must Be a Relationship Listed on Page 1 of Application)</small>

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 Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

### CERTIFICATE OF ACKNOWLEDGEMENT

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 \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_  
(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 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.

(Notary Seal - Must be Legible)

\_\_\_\_\_  
Notary Signature