



## APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD

☐ Birth Certificate (\$34)   ☐ Death Certificate (\$26)   ☐ Fetal Death Certificate (\$23)

The California law (Health and Safety Code, Section 103526) permits only authorized persons as defined below to receive an Authorized Certified Copy of records. Those who are not authorized by law to receive a Certified Copy will receive a Certified Informational Copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

☐ I am requesting an **Authorized Certified Copy** of the record identified in the application form. **(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 am requesting a **Certified Informational Copy** of the record identified on the application form. **(A sworn statement does not need to be provided).**

### RELATIONSHIP:

- ☐ Parent/Legal Guardian of Registrant *(Include copy of Court Order)*
- ☐ Attorney Representing Registrant or Registrant's Estate
- ☐ Law Enforcement/Govt. Agency *(Conducting Official Business)*
- ☐ Child, Sibling, Grandchild, Grandparent, Spouse or Registered Domestic Partner of Registrant
- ☐ Surviving Next of Kin *(Specified in HSC Section 7100)*

- ☐ Authorized Court Order *(Include copy of Court Order)*
- ☐ Power of Attorney/Executor or Registrant's Estate *(Include a copy of the Power of Attorney or Documentation identifying you as executor)*
- ☐ An Agency or Employee of a Funeral Establishment *(Acting within the scope of work of employment and on behalf of persons specified in HSC Section (7100)(a)(1)-(8))*

**If no record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued.**

### APPLICANT INFORMATION (Please Print)

Name of Person Completing Application			Telephone Number (XXX-XXX-XXXX)	
Mailing Address (Street Number and Street Name)		City	State	Zip Code
Date	Number of Copies	Amendment: <input type="checkbox"/> No <input type="checkbox"/> Yes How Many Amendments?		For VSRO Staff Only \$
Email Address		LRN		

### CERTIFICATE INFORMATION (Please Print)

First Name on Certificate (Given)	Middle Name	Last Name
Date of Event (Date of Birth/Death) (Month/Day/Year)		Place of Event (City or Hospital)

### SWORN STATMENT

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 103526 (c), and am eligible to receive certified copy of the birth or death record of the following individual(s):

Name on Certificate	Relationship

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at San Bernardino, California.  
Day Month Year

Signature \_\_\_\_\_