



**\*MAIL ONLY\***

**Tom Daly  
Orange County Clerk-Recorder  
P.O. Box 238 Santa Ana, Ca 92702**

- Make your check or money order payable to Orange County Clerk-Recorder.
- A "Certificate of No Record" will be sent if we cannot locate your record. (Health and Safety Code 103650)
- Only an authorized person can receive an official certified copy. (Health & Safety Code Section 103526)
- If you are not an authorized person you will receive a redacted copy that states "Informational Not A Valid Document To Establish Identity."
- Call the Health Care Agency at (714) 480-6700 for copies of births/deaths that occurred within the past 60 days.
- For adoptions go to [www.dhs.ca.gov](http://www.dhs.ca.gov).

**Space for internal use only**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# of Copies \_\_\_\_\_

Payment \$ \_\_\_\_\_

Check \_\_\_ Cash \_\_\_ MO \_\_\_

Processed on: \_\_\_\_\_

Processed by: \_\_\_\_\_

**Please Print Clearly or Type in Black Ink**

**Certificate Information**

BIRTH \$21.00    DEATH \$14.00    MARRIAGE \$14.00    SINGLE STATUS \$14.00

Name(s) on Certificate			Middle Name(s)			Last Name(s)		
1. _____			_____			_____		
2. _____ (For marriage: Spouses Names)			_____			_____		
City of Event			Mother's Maiden Name			Date or Estimated Date of Event (For a Single Status: Date of Birth)		

**Your Information**

**Check one:**    Certified Copy    Informational Copy      Number of Copies: \_\_\_\_\_

Your Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

Mail Copies to: \_\_\_\_\_

Address and apt. # (if needed)      City      State      Zip Code

Daytime Telephone Number (\_\_\_\_\_) \_\_\_\_\_      Reason for Copy: \_\_\_\_\_

I agree not to use the above reference record obtained from this application or any portion thereof, for fraudulent purposes. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**The penalty of perjury statement on the next page must be signed before a notary public**

**You should know:**

- Use a separate application form for each record you request.
- One notarized sworn statement is required for copies. The below statement must show the name of each person on the certificate and your relationship to them.
- Notarization is not required for informational copies.
- To receive an official certified copy of this record you must be:
  - On the certificate or a Parent, Legal guardian/custodian, Child, Grandparent, Grandchild, Sibling, Spouse/ registered domestic partner, Attorney for individual/estate of individual or representative of an adoption agency.

**Sworn Statement:**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of  
 (Your Name)  
 California, 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, marriage, or death record of the following(s)

Name(s) on the Certificate	Your relationship to the person on the certificate

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_  
 (Day) (Month) (City) (State)

\_\_\_\_\_  
 (You must sign before a Notary Public)

**Certificate of Acknowledgment**

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

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

\_\_\_\_\_, 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 SIGNATURE

(SEAL)