



# Mark Church

Assessor-County Clerk-Recorder & Chief Elections Officer

555 County Center  
Redwood City, CA 94063-1665  
phone 650.363.4500 fax 650.363.4843  
email clerk@smcare.org  
web www.smcare.org

## Application for Certified Copy of BIRTH Record

### Type of Vital Record

Birth \$28      Were you adopted?     Yes     No

### Please indicate whether you would like an Official Certified Copy or an Informational Copy.

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

**Official Certified Copy**  
*(You must indicate your relationship to the person named on the vital record from the list below.)*

**Informational Certified Copy**  
*(You are NOT required to select from the list below in order to receive an Informational Copy.)*

### I am: (Please check the appropriate box if requesting for Certified Copy)

The registrant on record

A parent or legal guardian of the registrant

A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant

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

A party entitled to receive the record as a result of a court order, or an attorney 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

A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business

### Applicant Information (Please Read This Statement Prior to Completing and Signing the Form) –

*I swear under penalty of perjury that I am an authorized person, as defined in CA Health & Safety Code Section 103526 list above, and am eligible to receive a certified copy of the birth, death or marriage record identified on this application form.*

Print Name of Person Completing this Application      Signature & Sworn this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Residential Address of Person Completing this Application (Number, Street)      City      State      Zip Code

Mailing Address, if different from above      Telephone Number

Number of Copies Purchasing      Dollar Amount Enclosed      Driver’s License # (or other government issued ID)      Clerk’s Initials

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

#### For BIRTH RECORD (If adopted, please provide adoption information)

First Name      Middle      Last Name      Sex

Place of Birth – City or Town      Date of Birth – Month, Day, Year

County

Father/Parent’s Last Name at Birth      Mother/Parent’s Maiden Name

#### NOTICE:

- The Sworn Statement and Acknowledgment are not required when requesting an Informational Copy.
- Applications for an “Official Certified Copy” received by mail must be accompanied by this sworn and notarized statement.
- Please make check or money order payable to: San Mateo County Clerk-Recorder.
- Applications for official copies received by mail must be accompanied by the notarized statement on back.

**Please mail application to: San Mateo County – Attn: Vital Records  
555 County Center – 1<sup>st</sup> Floor, Redwood City, CA 94063.**

