GOVERNMENT AGENCY APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

Applicant (Information &	Mailing Address of Person/Agency)				
Name:					
Street Address:			Telephone Number		
City, State, Zip Code					
Registrant Information:		Nu	mber of copie	es requested:	
Birth Record [] (\$22.00 ea	.)	Death Record [] (\$24.00 ea.)			
Name on Certificate:					
	First Middle	2	Last		
Date of Birth/Death:MM	Hospital of I	Birth/City of De	eath:		
Mother's Maiden Name:					
Applicant Information:					
Name:	Middle		Last		-
Address:					-
	Street City		State	Zip Code	_
To obtain an authorized certi I am:	fied copy, you must check the box	x below.			
A member of a law enfo	preement agency or a representat	ive of another	governmental a	gency, as provided by	law, who is
conducting official business	s. (Companies representing a	government a	agency must	provide authorization	n from the
government agency).					
Sworn Statement:					
I, in California Health and Safe death record identified on thi	ety Code Section 103526 (c), and	ander penalty of am eligible to r	f perjury that I a receive an autho	m an authorized person prized certified copy of	n, as defined the birth or
Declared this Day	day of Month	,Year	, at	City	
Signature:					
Office Use Only:					
Local File #	Banknote Paper #			Deputy	
	Date, if Mailed				

Applicant (Person requesting certified copy) Information & Mailing Address:

Print or type your complete name and address. NOTE: This box is used as a mailing label for your copies.

Phone Number:

Print or type your complete telephone number including area code.

Registrant Information:

Print or type number of copies requested Check if birth or death record Print or type name of birth or death Print or type date of birth or death Print or type hospital of birth or city of death Print or type mother's maiden name

Applicant Information:

Print or type name of applicant Print or type address of department/division Print or type name of department/division

Important:

If you are a member of a law enforcement agency or a representative of another governmental agency, as proved by law, who is conducting official business, please check the box indicating that you are obtaining a certified copy of a birth/death record.

Sworn Statement:

Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth or death record to complete and sign a sworn statement under penalty of perjury. Please print your name in the space provided, complete the date and then sign the sworn statement.

Mail ALL copies of the application form and appropriate fees, with check or money order ONLY payable to:

Sacramento County Vital Records Inter-Office Mail Code: 37-600C 7001 East Parkway, Suite 650 Sacramento, CA 95823

Information line: (916) 875-2066

Sacramento County Vital Records is not responsible for lost, stolen or misdirected mail. As an option, attach a paid certified envelope to ensure delivery of your request.