

APPLICATION FOR BIRTH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.

- ◆ The registrant or a parent or legal guardian of the registrant
- ◆ A party entitled to receive the record as a result of a court order, or an attorney or 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.
- ◆ 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.

If applying in person the application must be signed in the presence of the cashier.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS FOR AUTHORIZED COPIES MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

I am requesting an **AUTHORIZED** copy

I am requesting an **INFORMATIONAL** copy

AGE LAST BIRTHDAY – EDAD CUMPLIDA	NUMBER OF COPIES NUMERO DE COPIAS			FOR RECORDER USE ONLY _____
Month/Mes Day/Día Year/Año				
Date of Birth – Fecha De Nacimiento				
NAME GIVEN AT BIRTH (first, middle, last) – NOMBRE DE NACIMIENTO (primero, segundo, apellido)				
CITY OF BIRTH – CIUDAD DE NACIMIENTO				File Number Searched _____
NAME OF FATHER – NOMBRE DEL PADRE				Doubled _____
MAIDEN NAME OF MOTHER – NOMBRE DE SOLTERA DE LA MADRE				Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS PERSONA REGISTRADA (VEÁSE ARRIBA)				
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date _____ Signature _____				

DL/ID _____

NAME/NOMBRE		
STREET ADDRESS/NUMERO Y CALLE		
CITY /CIUDAD	STATE/ESTADO	ZIP/ZONA POSTAL



COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK
 P.O. BOX 489, NORWALK, CALIFORNIA 90651-0489 - www.lavote.net

"Enriching Lives"

DEAN C. LOGAN
 Registrar-Recorder/County Clerk

CERTIFICATE OF IDENTITY/SWORN STATEMENT - BIRTH, DEATH & PUBLIC MARRIAGE

In accordance with California State Law, the following identifying information is required to obtain a certified copy of Birth, Death or Public Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or public marriage record, individual named on certificate, parent, child, legal guardian/custodian, grandparents, grandchild, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency (birth only), funeral director or agent/employee (death only).

This certificate must be signed in the presence of a Notary.

Name(s) on Certificate	Relationship

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 a certified copy of the birth or death record for the individual(s) listed above.
 (Print Name)

Subscribed to the _____ day of _____ 20____, at _____, _____.
 (Day) (Month) (City) (State)

 (Signature)

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) ss
 County of)

On _____, before me _____ personally appeared
 (Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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)

 NOTARY SIGNATURE