

Reel & Pg / Certificate Number

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Counter Mail

Monterey County Clerk-Recorder APPLICATION FOR CERTIFIED COPY

APPLIC	CATION	FOR CI	ERTIFIE	D COI	PY			
□ BIRTH Certificate (\$29.00) Adopted: □	Yes 🗌 No 🏻	□MARRI	AGE Cert	ificate (\$	17.00) DI	EATH Cert	ificate (\$24.00)	
INFORMATIONAL (Not for Government /O	fficial use)		$\mathbf{H} \Box \mathbf{M} A$	ARRIA	\GE □	DEATH		
INFORMATION: Monterey County only hat that were purchased in Monterey County. For the State Office of Vital Records - M.S. 5103,	all other vita	al records you	must contac	t the cour	nty in which	the event is re	gistered or contact	
 INSTRUCTIONS: Use a separate blank applied. Give all the information you have available in it may be impossible to locate the record. The County Recorder may provide a certified requirement of an authorized person (as descripted informational certified copy with a legend state IDENTITY." This application must be compared once the copy(s) have been issued. PAYMENT OPTIONS: Mail orders - Include with this application suff Money Order only for out-of-country requests) to the Monterey County Recorder's Office, PO 3-5 business days for processing time. Walk-in customers - Doors are open 8 a.m. to CERTIFICATE INFORMATION-Please in	for the identi d copy of a v ribed in Hea ating "INFO pleted prior ficient mone , made payal Box 29, Sali 5:00 p.m., M	rital record to lith & Safety ORMATIONA to conducting ey, in the form ble to the "Mo inas, CA 9390 Ionday - Frida	an authorized Code Section AL, NOT A V g a search for a personal onterey County or 168 W.	e information of person of 103526), VALID Dor the record check, put ty Record Alisal St, holidays.	only. If a require the County OCCUMENT ord and no repostal or band ler." Mail thi	nish is incompuestor does not Recorder may TOESTAB efunds or exclusion application application alinas, CA 939	olete or inaccurate, of meet the only issue an oLISH hanges will be (International along with the fee	
below. By my signature I understand that I a charged for each additional name search.	m to provid	e exact spelli	ing of the na	me that a	appears on t	he certificate	or I will be	
Name on Certificate - First Name	Middle Name				Last Name on Certificate			
econd Person on Certificate (Marriage) – First Name Middle Name		е	Last N		Last Name on	Name on Certificate		
City or Town of Event	Maiden Name of Mother (E		irth and Death Only)		Name of Father (Birth and Death only)			
(Birth Cert. Only) Male Female Date of Event (da	I te of birth, death	or marriage)	Number of Cop	ies Request	ed Please In	Certified of dicate:	Copy Informational Copy	
APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE 1. When Appearing In Person - COMPLETE BOTH TOP AND BOTTOM PORTIONS. Monterey County requires photo identification. You will need to sign the application under penalty of perjury in front of a member of our staff. 2. Mail Requests - Complete both top and bottom portions. See the reverse side. Purpose of Request (ie: passport, insurance, school, sports etc.) Relationship to Certificate Holder (ie: self, parent, grandparent, child etc.) (See page 3)								
Name or person Completing Application]	Daytime Telephone Number – Area Code First					
Mailing Address – Number, Street, and Unit # (if Applicable)			City			State	Zip Code	
$\hfill \square$ Informational Copies - I agree not to use the	record obtain	ned from this	application o	r any por	tion thereof,	for fraudulent	purposes.	
Certified Copies - I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. 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								
BELOW SECTION FOR RECORDER'S U	JSE ONLY							

Bank Note Paper Number(s)

Reg

Inf. Copy

Cashiered by (Initials):

Mail Requests - Payment may be made Please check the appropriate box:	by check, postal or bank money order, cashier's check.
☐ Check Enclosed ☐ Mone	ey Order/Cashier's Check
	IMPORTANT
Unauthorized Persons/Informational obtained from this application or any po	Copies - Please sign below. I agree not to use the record ortion thereof, for fraudulent purposes.
Dated	
	Signature
statement in front of a notary public price	d Copies - Requestor will need to sign this penalty of perjury or to submission. Please Note: When submitting multiple however, only one request would require the notarized
purposes. I am signing my own legal na	om this application or any portion thereof, for fraudulent me and I am an authorized person as shown in Health and or declare) under penalty of perjury under the laws of the true and correct.
	Signature
CERTIFICA	ATE OF ACKNOWLEDGMENT
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	
State of)	
County of) ss	
Who proved to me on the basis of satisfactory evid instrument and acknowledged to me that he/she/the	
I certify under PENALTY OF PERJURY under the correct.	e laws of the State of California that the foregoing paragraph is true and
Witness my hand and official seal.	
Notary Signature	(seal)



Monterey County Clerk-Recorder APPLICATION FOR CERTIFIED COPY

To obtain an authorized certified copy you must check the appropriate box below: I am authorized to obtain an Authorized Certified Copy of the requested certificate because I am:

Ш	The registrant or a parent or legal guardian of the registrant.
	A child, grandparent, grandchild, sibling, spouse or domestic partner 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.(Include a certified copy of the court of the court order with this request)
	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's estate. (If by power of attorney, include a copy of the power of attorney with this request)
	A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
	Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) Section 7100.
	I am NOT authorized to obtain an Authorize Certified Copy of the requested certificate. I understand that by placing a check by this statement I will receive an Informational Copy of the vital record request that will be marked "Informational, not a valid document to establish identity".