# of copies / # de actas \_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

Type of record: ⬜ **Authorized Certified Copy** ⬜ **Informational Certified Copy** (this document will be printed with a legend across the document with the statement “INFORMATION, NOT VALID TO ESTABLISH IDENTITY), either copy is **$29.00** each. **CASH, CHECK****, DEBIT OR CREDIT CARD** (by mail **CHECK/MONEY ORDER ONLY**). Payable to County of Monterey

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Baby’s First Name / Primer Nombre del Bebe |  | Middle Name / Segundo Nombre |  | Last Name / Apellido (Paterno) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth:  Fecha de Nacimiento: |  |  | Hospital:  Hospital donde nació: |  | Gender / Sexo  F ⬜ M ⬜ |

|  |  |
| --- | --- |
| Name of Mother:  Nombre de la Madre: |  |

|  |  |
| --- | --- |
| Name of Father:  Nombre del Padre: |  |

|  |  |
| --- | --- |
| Requested by / Quien recoge el acta: | ⬜ Mother / Madre ⬜ Father / Padre ⬜ Grandparents / Abuelos |

|  |  |
| --- | --- |
| **Telephone Number / Número de Teléfono** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address:  Domicilio: |  |  |  |  |
|  |  | City / Ciudad | State/ Estado | Zip Code / Codigo Postal |

|  |  |  |
| --- | --- | --- |
| **I** |  | **⇦ Parent’s Name** |
| Declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health & Safety Code Section 103526 ©, and I am eligible to receive a certified copy of Birth record for the above-named individual. | | |

|  |  |  |
| --- | --- | --- |
| **Yo** |  | **⇦ Nombre del Padre o la Madre** |
| Declaro bajo pena de perjurio bajo las leyes del estado de California. Que yo soy una persona autorizada como define la Sección del Código de Salud y Seguridad de California 103526 ©, y que yo soy elegible para recibir una copia certificada del acta de nacimiento del individuo antes mencionado. | | |

**Please DO NOT sign unless you are asked to do so. Por favor NO firme hasta que se le pida hacerlo.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature / Firma** |  | **Today’s Date / Fecha de Hoy** |  |

Note: If submitting your application by mail, you must have sworn statement NOTARIZED-see back of this form: (Certificate of Acknowledgement).

Nota: Si envía su solicitud por correo, necesita el juramento NOTARIZADO usando la página al reverso: (Certificado de Reconocimiento)

|  |  |  |
| --- | --- | --- |
| **County of Monterey, Department of Health**  **Vital Records Department**  **1270 Natividad Road, Salinas, CA 93906** |  | **Office Hours / Horario de Oficina**  **Monday – Friday / Lunes a Viernes**  **9:00 am – 12:00 pm - - - - 1:00 pm – 4:00 pm** |

**IMPORTANT/IMPORTANTE**

*\*\*In compliance to the California Health and Safety codes we cannot provide any information about the status of a birth certificate over the phone. PLEASE, wait 4 weeks from date of birth to request your child’s birth certificate, NO EXCEPTIONS!*

*\*\* En cumplimiento con los códigos de Salud y Seguridad de California no podemos dar información por teléfono sobre el estatus del acta de nacimiento. ¡FAVOR de esperar 4 semanas después del nacimiento del bebe antes de obtener el acta, NO EXCEPCIONES!*

**SWORN STATEMENT**

|  |  |  |
| --- | --- | --- |
| I, |  | , declare under penalty of perjury under the laws of the |
|  | (**Applicant’s** Printed Name) |  |
| 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, death, or marriage certificate of the following individual(s): | | |

|  |  |
| --- | --- |
| **Registrant**  **(Name of person whose certificate you are requesting)** | **Applicant’s Relationship to Registrant**  **(Must be an authorized person)** |
|  |  |
|  |  |
|  |  |

*(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff).*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Subscribed to this |  | day of |  | , 20 |  | , at |  | , | . |
|  | (Day) |  | (Month) |  |  |  | (City) |  | (State) |

|  |
| --- |
|  |
| **Applicant’s** Signature |

**CERTIFICATE 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 | | |  | | |  | | |
| On |  | | | before me, |  | | , personally appeared | , |
| , |  | | |  | (Insert name and title of the officer) | | |  |

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.  (SEAL) |
| (SIGNATURE OF NOTARY PUBLIC) |  |  |