

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form). **FEES: Certified Birth Certificate \$18. Certified Death Certificate \$14.**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth or death 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.**" Please indicate whether you would like a Certified Copy or an Informational Copy.

- | | |
|--|--|
| <input type="checkbox"/> I would like an Authorized Certified Copy of the record identified on the application form. <i>(In order to receive an Authorized Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)</i> | <input type="checkbox"/> I would like an Informational Certified Copy of the record identified on the application form <i>(You are NOT required to select from the list below in order to receive an Informational Certified Copy.)</i> |
|--|--|

- I am:
- The registrant (person listed on the certificate) or 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. *(Companies representing a government agency must provide authorization from the government agency.)*
 - 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 you are requesting an Authorized Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form).*
 - A funeral director ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

STOP! DO NOT complete the rest of this form before reading the detailed instructions on the back.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application			Today's Date	Telephone Number ()	
Address – Number, Street		City		State	ZIP Code
Name of Person Receiving Copies, if Different from Above		No. of Copies	Amount Enclosed	E-mail Address	
Mailing Address for Copies, if Different from Above		City		State	Zip Code

REGISTRANT INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First		Middle	Last	Sex
Date of Birth	Place of Birth – City or Town		Place of Birth - County	
Father's Name			Mother's Maiden Name	
Date of Death (Or Period of Years to be Searched)		Place of Death – City or Town		Place of Death - County

BIRTH OR DEATH (mail or fax)

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Registrant Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Clerk/Recorder staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth or death certificate you wish to obtain and your relationship to that individual.** (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
3. Use a separate application form for each different record of birth or death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Registrant Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. **BY MAIL:** Submit \$18 for each certified copy of a birth certificate and \$14 for each certified copy of a death certificate. If no record is found, the fee will be retained for searching as required by statute, and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the Lassen County Recorder. Mail this application with the fee(s) and a self-addressed, stamped envelope to the Lassen County Recorder, 220 S. Lassen Street Suite 5, Susanville, CA 96130.
6. **BY CREDIT CARD:** THERE IS A \$7.00 ADDITIONAL CHARGE TO USE CREDIT CARDS. Visa, MasterCard and American Express are accepted. Submit credit card number, name on card and expiration date. Be sure full mailing address is included on application. You may mail or FAX your completed application, notarized sworn statement and credit card information to the Lassen County Recorder. **UPS DELIVERY IS AVAILABLE (CREDIT CARD ONLY) FOR AN ADDITIONAL FEE.**

Lassen County
Office of Clerk/Recorder
220 S. Lassen Street, Suite 5
Susanville, CA 96130
(530) 251-8234
FAX: (530) 257-3480

For Official Use Only	
Book/Yr	
Page/No.	
Certificate #	Type Issued: <input type="checkbox"/> Authorized <input type="checkbox"/> Informational
Date Copy Issued	Initial of Clerk issuing copy _____

SWORN STATEMENT

I, _____, swear or affirm under penalty of perjury under the laws of the State of California,
(Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an
Authorized Certified Copy of the birth or death record of the following individual(s):

Table with 2 columns: Name of Person Listed on Certificate, Your Relationship to Person Listed on Certificate. Contains 4 empty rows for data entry.

Sworn this _____ day of _____, 20_____, at _____, _____
(Day) (Month) (City) (State)

(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____ County of _____

On _____, before me, _____
(insert NAME and TITLE of the officer)

personally appeared _____, 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.

(NOTARY SEAL)

WITNESS my hand and official seal.

NOTARY SIGNATURE