



IN-PERSON APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A BIRTH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1 Birth Certificate Information: # of Copies: Name: Date of Birth: City of Birth: Other Parent's Name: Mother's Name:

2 Applicant Information: Name: Address: Mailing Address: Telephone Number:

3 To obtain an Authorized Certified Copy you must check the appropriate box below: I am: [] 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. [] 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 [] A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business

4 I, [] swear under penalty of perjury 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 record identified on this application form. Sworn this [] day of [] , [] , at [] Signature: []

Office Use Only: Faxed: Amount Collected: Payment Method: Mailed: Bank Note#: Initials:

INSTRUCTIONS FOR AUTHORIZED CERTIFIED COPY OF A BIRTH RECORD

1	Certificate Information: Print or type number of copies requested Print or type name of registrant Print or type date of birth Print or type city of birth Print or type other parent's name Print or type birth's parent name
2	Applicant Information: Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different then address above Print or type telephone number of person ordering copy, including area code
3	If you need a certified copy to obtain a driver's license, passport, or register for insurance coverage you should not use a restricted certified copy of a birth or death record. Please refer to information on unrestricted certified copies.
4	Applicant signs and dates application in the appropriate spaces.

NOTE: When ordering by mail, send original application and appropriate fees with check payable to:

Nevada County Vital Records
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945
(530) 265-7264