

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

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.

**WE CAN ONLY PROVIDE COPIES FOR BIRTHS THAT OCCURRED IN LOS ANGELES COUNTY.**

CERTIFICATE TYPE:     I am requesting an AUTHORIZED copy  
                                    I am requesting an INFORMATIONAL copy

Note:     Check box if ADOPTED. Enter adopted name and parents' information on application.

<i>Please PRINT all information legibly.</i> <i>Por favor imprima legible toda la informacion.</i>	NUMBER OF COPIES NUMERO DE COPIAS		<b>FOR RECORDER USE ONLY</b>  _____
Month/Mes    Day/Dia    Year/Año			
Date of Birth – Fecha De Nacimiento			File Number Searched _____  Doubled _____
NAME GIVEN AT BIRTH (first, middle, last) – NOMBRE DE NACIMIENTO (primero, segundo, apellido)			<p style="text-align: center; font-weight: bold; margin: 0;">                     Veterans-See reverse side                      of first copy                      Veteranos-Vean el dorso                      de la segunda copia                 </p>
CITY OF BIRTH – CIUDAD DE NACIMIENTO			
BIRTH NAME OF FATHER/PARENT – NOMBRE DE NACIMIENTO DEL PADRE/PADRE			
BIRTH NAME OF MOTHER/PARENT – NOMBRE DEL NACIMIENTO DE MADRE/MADRE			
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LA 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 \_\_\_\_\_                      Phone Number \_\_\_\_\_

Complete your name and mailing address below. Print legibly.  
*Escriba abajo su nombre y direccion. Imprima legible.*

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





Los Angeles County Registrar-Recorder/County Clerk

DEAN C. LOGAN  
Registrar-Recorder/County Clerk

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

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a 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, Grandparent, 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  
(Print Name)

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 public marriage record for the individual(s) listed above.

Subscribed to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
(Signature)

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.

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA )  
County of \_\_\_\_\_ ) ss

On \_\_\_\_\_, before me \_\_\_\_\_ personally appeared  
(Date) (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