Marin County Vital Statistics
10 N. San Pedro Road, San Rafael, CA 94903

Marin County Health & Human Services
Telephone: 415-473-6876 Fax: 415-473-5088

IF OBTAINING IN PERSON PLEASE SEE "RECEPTION DESK" UPON ARRIVAL
APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD -- $31.00

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form). If applying in person, our office hours are 9:00am – 4:00pm (CLOSED 12:00-1:00pm).

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth 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."** You **cannot** obtain a driver's license, passport, social security card or apply for other services related to a person's identity with this type of certificate. Please indicate whether you would like a Certified Copy or an Informational Copy.

☐ I would like a **Certified Copy** of the record identified on the application form. ***(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)***

☐ I would like an **Informational Copy** of the record identified on the application form ***(You are not required to select from the list below in order to receive an Informational Copy.)***

I am:

☐ 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.

STOP! For mailed orders: DO NOT complete the rest of this form before reading detailed instructions on the back

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name **and Signature** of Person Completing Application		Today's Date	Telephone Number – Area Code First ( )
Address – Number, Street	City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	* No. of Copies / Amount Enclosed	Pick up_____ Mail _____	
Mailing Address for Copies, if Different From Above	City, State, Zip Code		

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First Name	Name of Certificate – Middle Name	Name on Certificate – Last Name	Sex
City or Town of Birth	Place of Birth -- County	Date of Birth—Month, Day, Year (if unknown, enter approx. date)	
Name on Certificate – Father's First Name	Name on Certificate – Father's Middle Name	Name on Certificate –Father's Last Name	
Name on Certificate -- Mother's First Name	Name on Certificate – Mother's Middle Name	Name on Certificate – Mother's Last Name	

PLEASE TURN PAGE OVER TO COMPLETE THE BACK SIDE

INFORMATION: Birth records are maintained in this office for the **Current Year** and the **Previous Year**. All other past years including the years mentioned above are kept at the County Recorder's office. Their phone number is 415-473-6092.

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Birth Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.

2. **If you are submitting your order in person, you must:**

   ** **Go into the main building and see "RECEPTION DESK"**

   ** Sign a sworn statement in the presence of an Office of Vital Statistics employee

   ** Submit payment by **CHECK**, **POSTAL OR BANK MONEY ORDER**, **CASH, DEBIT OR CREDIT CARDS,** in the amount of $31.00 **PER** certified copy.

3. 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 certificate you wish to obtain and your relationship to that individual.**

4. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).

5. Complete the **Applicant Information** section and provide your signature where indicated**.** Give all the information you have available to identify the record of the birth in the spaces under **Birth Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.

6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we can contact you when it is ready.

7. **We do not process requests over the phone.**

8. Submit **$31.00** for **each** certified copy requested. 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 made payable to **County of Marin.** Mail this application with the fee(s) to Marin County Vital Statistics, 10 N. San Pedro Road, San Rafael, CA, 94903.

Marin County Vital Statistics
10 N. San Pedro Road
San Rafael, CA 94903

SWORN STATEMENT

I, _____, swear 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 a certified copy of the birth or death record of the following individual(s):

Name of Person Listed on Certificate	**Relationship to Person Listed on Certificate**

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. Faxed notarized acknowledgments are not acceptable.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) ss
County of _____)

On _____, before me personally appeared _____,

☐ personally known to me, or ☐ 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.

WITNESS my hand and official seal.
(NOTARY SEAL)

_____
NOTARY SIGNATURE