Application for an Authorized Certified Copy of a Birth Record Informational Only: **Birth Certificate Information:** # of certified copies: _____ 1 There was an adoption or name change: Yes or No Name of child/person: _____ First Middle Pasadena Birth Location: ___ Date of Birth: _ Month, Day, Year Name of Hospital/or address Father's Name: _____ Middle Last Mother's **Maiden** Name: _____ Middle First Last **Applicant Information (individual requesting copies):** 2 Middle Last Address: Number and Street City State Zip Code Mailing Address: ___ (If different from above) Number and Street City State Zip Code Telephone Number with area code: (____) To obtain an Authorized Certified Copy you must be authorized under section 103526 of the Health and 3 Safety Code. Please read the back side of this application to see which code section applies and check the correct box below: \Box 103526(c)(1) \Box 103526(c)(2) \Box 103526(c)(3) \Box 103526(c)(4) \Box 103526(c)(5) \Box 103526(c)(6) COMPLETE SECTION 4 WHEN REQUESTING A CERTIFICATE IN PERSON AND AT THE TIME OF 4 PAYMENT. _____ swear under penalty of perjury that I am an authorized person, as Printed Name 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 ______, ____, ____ _____ Signature: ___ City where statement is signed COMPLETE SECTIONS 4 AND 5 WHEN REQUESTING A CERTIFICATE BY MAIL. 5 Certificate of Acknowledgement State of _____ County of ____ _____, personally appeared ___ Name of Notary Public Name of Applicant Date who proved to me on the basis of satisfactory evidence to be the person(s) whose names(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 Office use only: Certificate # _____ Paper #____ ID / DL# Deputy

Birth Certificate Information:

There was an adoption or name change: Yes or No

- Print or type number of certified copies requested.
- Print or type name of registrant.
- Print or type date of birth.
- Print or type hospital of birth.
- Print or type father's name.
- Print or type mother's maiden name.

2 Applicant Information:

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- 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 than address above).
- Print or type telephone number of person ordering copy, including area code.
- 3 Using the list below check the correct box in Section 3 on the front of this application that authorizes you to obtain a certified copy of a birth record:
 - 103526(c)(1) The registrant or a parent or legal guardian of the registrant
 - 103526(c)(2) 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.
 - 103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
 - 103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.
 - 103526(c)(5) 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.
 - 103526(c)(6) Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

COMPLETE SECTION 4 WHEN REQUESTING A CERTIFICATE IN PERSON AND AT THE TIME OF PAYMENT.

Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign the sworn statement in section 4 on the front of this application. Please print your name as well as the date when and where your request will be made or submitted. Sign the statement.

COMPLETE SECTIONS 4 AND 5 WHEN REQUESTING A CERTIFICATE BY MAIL. — Certificate of Acknowledgement

Complete sections 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in section 4 in front of the notary public. Request that the notary complete section 5 to acknowledge your signature in the sworn statement in section 4. Mail the original application with a self-addressed, stamped envelope and a check/money order (payable to the "City of Pasadena Public Health Department"), made out in the correct amount. Fee is \$25.00 for each copy requested. Send to:



City of Pasadena Public Health Department Vital Records Office 1845 North Fair Oaks Avenue, Room 1610 Pasadena, CA 91103

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