# County of Santa Clara FINANCE AGENCY Office of the County Clerk-Recorder

County Government Center 70 West Hedding Street, E. Wing, 1<sup>st</sup> Floor San Jose, California 95110

Office Hours: M - F 8:00 A.M. to 4:30 P.M.

Phone #: (408) 299-5688 Web Site: http://sccro.org



### APPLICATION FOR CERTIFIED COPY OF A BIRTH/DEATH RECORD

Notice: Orders received by mail must have the notary statement Part 5 completed (see instructions).

Processing time for mail requests: 15 -- 20 working days

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive authorized copies of birth/death records. Those who are not authorized by law to receive the authorized copy will receive a certified copy marked "Informational, not a valid document to establish identity." Please indicate whether you would like an authorized or an informational copy.

### Part 1.

☐ I would like an authorized certified copy of the record identified on the application form.

(In order to receive the authorized copy, you must indicate your relationship to the person named on the application form by selecting from the list below. Complete parts 2, 3, 4, and 5)

☐ I would like a certified 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.

Proceed to Part 3)

#### Part 2.

#### I am:

Part 3.

- The person named on the certificate, or the parent or legal guardian of the person named on the certificate.
- A party entitled to receive the record as a result of a court order, or an attorney, or 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 person named on the certificate.
- An attorney representing the person named on the certificate or the his/her estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the person named on the certificate or his/her estate.
- 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.

**Certified Death Copy only** - An individual described in paragraph one (1) to eight (8), inclusive, of subdivision (a) of Health and Safety Code 7100. An agent under power of attorney for health care, surviving competent adult person respectively in the next degree of kinship, conservator.

Do not complete the rest of this form before reading the attached instructions.

APPLICANT INFORMATION (Please print	or type)					
Printed name of person completing application			Date		Teleph	one Number )
Address - Number, Street		City			State	Zip Code
Name of person receiving copies, if different from	above:					
First Name	Middle Name		Last Name			
Mailing address for copies, if different from above:	:					
Street Address	City			State		Zip Code

## APPLICATION FOR CERTIFIED COPIES OF BIRTH/DEATH RECORD

## Part 3. (Continued)

CERTIFICATE INFORMATION (Please	print or ty	pe)	Birth: \$	28.00	Death: \$21.00	
			# of cop	oies	# of copies	
Name – First (Given)	Middle		s= ssp	Last (Family)		Sex
, ,				, , ,		
Di 401 1 (D 1 (G) 6			4D: 1 /			
Place of Birth/Death (City, County)		Date	of Birth/	Death		
Mother's Maiden Name	<u> </u>	F	ather's Na	ame		
CERTIFICATE INFORMATION (Please	print or ty	pe)	Birth: \$	28.00	Death: \$21.00	
			# -6	:	# -6:	
Name – First (Given)	Middle		# of cop	Last (Family)	# of copies	Sex
Tvanic – Trist (Given)	Wilder			Last (Failing)		SCA
Place of Birth/Death (City, County)		Date	of Birth/	Death		•
Mother's Maiden Name		F	ather's Na	ame		
CERTIFICATE INFORMATION (Please	nrint or ty	ne)	Birth: \$	28 00	Death: \$21.00	
CERTIFICATE IT OF CREATE TO TO (FIGURE	print or ty	PC)	Dirtin. V	20.00	Deutii. \$21.00	
			# of cop	oies	# of copies	_
Name - First (Given)	Middle			Last (Family)		Sex
Place of Birth/Death (City, County)		Data	of Birth/	Dogth		
Frace of Birtin/ Death (City, County)		Date	or <b>b</b> irtii/	Death		
Mother's Maiden Name	· ·	F	ather's Na	ame		
			T =		T =	
CERTIFICATE INFORMATION (Please	print or ty	pe)	Birth: \$	28.00	Death: \$21.00	
			# of cop	ies	# of copies	
Name – First (Given)	Middle		# of cop	Last (Family)	# of copies	Sex
	1,216,610					00.1
Place of Birth/Death (City, County)		Date	of Birth/	Death		
Mother's Maiden Name		TC	ather's Na	ıme		
Modici 8 Maidell Ivallie		l r	auter 8 IN	ame		

### **SWORN STATEMENT**

(Printed Name)	, swear/affirm/certify under penalty of perjury under
the laws of the State of California that the fo	oregoing is true and correct.
Name of Person Listed on Certificate	Relationship to Person listed on Certificate
Signed this day of, (Month)	20, at
	(Signature)
	ertificate verifies only the identity of the individual who signe
cument to which this certificate is attached, and not the	truthfulness, accuracy, or validity of that document.
Part 5	ACKNOWLEDGMENT
	ACKNOWLEDGMENT
State of) )ss	
County of)	
On, before me	Name and Title of Officer
<del></del>	Name and Title of Officer
personally appeared	
	Name of Signer
who proved to me on the basis of satisfactory evidence to	Name of Signer
·	Name of Signer to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/th	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized
within instrument and acknowledged to me that he/she/th capacity(ies), and that by his/her/their signature(s) on the	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of
within instrument and acknowledged to me that he/she/th capacity(ies), and that by his/her/their signature(s) on the which the person(s) acted, executed the instrument. I cer	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of trify under PENALTY OF PERJURY under the laws of the
within instrument and acknowledged to me that he/she/th capacity(ies), and that by his/her/their signature(s) on the	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of trify under PENALTY OF PERJURY under the laws of the
within instrument and acknowledged to me that he/she/th capacity(ies), and that by his/her/their signature(s) on the which the person(s) acted, executed the instrument. I cer	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of trify under PENALTY OF PERJURY under the laws of the
within instrument and acknowledged to me that he/she/th capacity(ies), and that by his/her/their signature(s) on the which the person(s) acted, executed the instrument. I cer	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of retify under PENALTY OF PERJURY under the laws of the nd correct.  WITNESS my hand and official seal.
within instrument and acknowledged to me that he/she/th capacity(ies), and that by his/her/their signature(s) on the which the person(s) acted, executed the instrument. I cer	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of retify under PENALTY OF PERJURY under the laws of the nd correct.  WITNESS my hand and official seal.
within instrument and acknowledged to me that he/she/th capacity(ies), and that by his/her/their signature(s) on the which the person(s) acted, executed the instrument. I cer	Name of Signer  to be the person(s) whose name(s) is/are subscribed to the ney executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of retify under PENALTY OF PERJURY under the laws of the nd correct.  WITNESS my hand and official seal.

### Information:

Birth and Death records have been maintained in the Office of the Santa Clara County Clerk-Recorder's since January of 1873.

### Instructions:

- If you are requesting a certified Informational Copy, complete only the Applicant Information and certificate information portions of this form (Parts 1 and 3).
   If you are requesting an Authorized Certified Copy, complete Parts 1 through 5.
- 2. If you submit your request by mail, you must complete the SWORN STATEMENT (Part 4), signing it in the presence of a Notary Public to have it notarized (Part 5). **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 certificate(s) you wish to obtain and your relationship to those individuals.
- 3. For each additional record requested, please complete the boxes in Part 3.
- 4. Complete the Applicant Information section and provide your signature where indicated. Provide the information you have available to identify the name on the certificate. If the information you furnish is incomplete or inaccurate, it may not be possible to locate the record.
- 5. If no record is found, the fee will be retained for searching as required by statute and a Certificate of Search will be issued. If you are mailing your request, indicate the number of certified copies you want and include sufficient money with the application in the form of a check or money order made payable to:

Clerk-Recorder's Office
Mail this application and the fees to:
Santa Clara County Clerk-Recorder
70 West Hedding Street
San Jose, CA 95110

6. The correct fees are:

Birth - \$28.00 Death - \$21.00