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

County Government Center 110 West Tasman Drive, First Floor San Jose, California 95134

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) Telephone Number Printed name of person completing application Date Zip Code Address - Number, Street City State 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 Zip Code City State

## APPLICATION FOR CERTIFIED COPIES OF BIRTH/DEATH RECORD

## Part 3. (Continued)

CERTIFICATE INFORMATION (Please print or type			Birth: \$32.00		Death: \$24.00			
			# of cop	ies	# of copies			
Name - First (Given)	Middle		n or cop	Last (Family)	m of copies	Sex		
Place of Birth/Death (City, County)		Date	of Birth/	Death				
Trace of Bittif, Beath (City, County)		Date	of Bitting	Death				
Mother's Maiden Name			Father's Name					
CERTIFICATE INFORMATION (Please print or type			Birth: \$	32.00	Death: \$24.00			
			# of cop		# of copies			
Name – First (Given)	Middle			Last (Family)		Sex		
Place of Birth/Death (City, County)		Date	of Birth/	 Death				
Mother's Maiden Name		F	ather's Na	ame				
CERTIFICATE INFORMATION (Please	print or ty	pe)	Birth: \$	32.00	Death: \$24.00			
				ies	# of copies			
Name – First (Given)	Middle			Last (Family)		Sex		
Place of Birth/Death (City, County)		Date	of Birth/	 Death				
Mother's Maiden Name		Father's Name						
		•						
CERTIFICATE INFORMATION (Please print or type)			Birth: \$32.00 Death: \$24.00					
			# of cop		# of copies	<del>_</del>		
Name – First (Given)	Middle			Last (Family)		Sex		
Place of Birth/Death (City, County)		Date	of Birth/	 Death				
Mother's Maiden Name		F	ather's Na	ame				

## **SWORN STATEMENT**

vs of the Sta	ate of Calif	Fornia that thom Certifica	he forego	oing is true a	rtify under penalty nd correct. to Person listed o		
			nte R	elationship (	to Person listed o	n Certificate	
							-
this	_ day of _	(Month)	, 20	, at	(City)	(State)	
		_			(Signature)		
this certific	eate is attach	hed, and not	the truthf	ulness, accura	acy, or validity of	that document.	
	)						
	)ss )						
Date	, before	me		Name	e and Title of Officer		_
ally appeared	1						
)				Name	e of Signer		
		•		•			
	_		-				
•	•	-		•	•	•	ho
			•		II OF FERJORI	under the laws of t	iic
	Date ally appeared me on the bas nt and ackno nd that by his n(s) acted, ex	CERTI  Date  Date  no the basis of satisfant and acknowledged to ad that by his/her/their sign(s) acted, executed the interpretable action of the basis of satisfant and acknowledged to ad that by his/her/their sign(s) acted, executed the interpretable action of the basis of satisfant and acknowledged to ad that by his/her/their sign(s) acted, executed the interpretable action of the basis of satisfant and acknowledged to ad that by his/her/their sign(s) acted, executed the interpretable action of the basis of satisfant and acknowledged to acted.	certificate is attached, and not  CERTIFICATE (  ) )ss )ss ) , before me  Date  ally appeared  me on the basis of satisfactory eviden nt and acknowledged to me that he/sl and that by his/her/their signature(s) on n(s) acted, executed the instrument.	certificate is attached, and not the truthform.  CERTIFICATE OF ACKI  ) ) )ss  )  public or other officer completing this certific in this certificate is attached, and not the truthform.  CERTIFICATE OF ACKI  ) ) )ss , before me  pate  ally appeared  me on the basis of satisfactory evidence to be the int and acknowledged to me that he/she/they exident that by his/her/their signature(s) on the instruments of the instrument. I certify units of the instruments of the instrument. I certify units of the instruments of the instrument. I certify units of the instruments of the instrument. I certify units of the instruments of the instrument. I certify units of the instruments of the instruments of the instruments of the instruments of the instruments. I certify units of the instruments of the instruments of the instruments of the instruments of the instruments. I certify units of the instruments	public or other officer completing this certificate verifies on this certificate is attached, and not the truthfulness, accurrence.  CERTIFICATE OF ACKNOWLEDO	public or other officer completing this certificate verifies only the identity of a this certificate is attached, and not the truthfulness, accuracy, or validity of a this certificate is attached, and not the truthfulness, accuracy, or validity of CERTIFICATE OF ACKNOWLEDGMENT	public or other officer completing this certificate verifies only the identity of the individual whom this certificate is attached, and not the truthfulness, accuracy, or validity of that document.  CERTIFICATE OF ACKNOWLEDGMENT

## 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
110 West Tasman Drive
San Jose, CA 95134

6. The correct fees are:

Birth - \$32.00 Death - \$24.00