

## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

### Instructions

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Registrant Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form. You will still need to sign it.
2. If you submit your order in person, you must sign a sworn statement in the presence of Clerk/Recorder staff. If you submit your request by mail, you must complete the sworn statement below 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.**
3. 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).
4. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Registrant Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit **\$18** for **each** certified copy of a birth certificate. 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 wish and include sufficient money with this application, in the form of a postal or bank money order made payable to the **Humboldt County Recorder**.
6. Mail this application with the fee(s) and a self-addressed, stamped envelope to the address below:

**Humboldt County**  
**Office of Clerk/Recorder**  
825 Fifth Street – Fifth Floor  
Eureka, CA 95501  
(707) 445-7382



# Application for a Humboldt County Vital Record

## Aplicacion para el Condado de Humboldt Documento Vital

**INFORMATION: The Humboldt County Clerk-Recorder only has records of birth and death that *occurred* in Humboldt County.** For all other records you must contact the county in which the event took place or contact the State Office of Vital Records, P.O. Box 997410, Sacramento, CA 95899.

**INFORMACION: La oficina de Humboldt County Clerk-Recorder solamente tiene documentos oficiales de actas de nacimiento y de defuncion que ocurrieron en este Condado de Humboldt.** Por otros datos tiene que comunicarse con el condado donde el evento ocurrio o el Registro Civil del Estado de California, P.O. Box 997410, Sacramento, CA 95899

### CERTIFICATE INFORMATION – INFORMACION PARA CERTIFICADO

Select one of the following – Escoge uno de lo siguiente:

Birth -Nacimiento \_\_\_\_\_ Death- Defuncion \_\_\_\_\_ Number of Copies-Numero de Copias \_\_\_\_\_

Name of Person (s) on the Record – Nombre de Persona(s) en la Acta  
First-Primero Middle-Segundo Last-Apellido

Date of Birth or Death - Fecha de Nacimiento o Defuncion

City of Occurrence – Ciudad de Ocurrencia

Name of Father – Nombre del Padre

Maiden Name of Mother – Nombre de Soltera de La Madre

### APPLICANT INFORMATION – INFORMACION DE APLICANTE

1. When Appearing In Person – You will be required to show government issued photo identification and sign the application under penalty of perjury in front of a member of our staff.  
– Cuando Se Presenta en Persona – Usted tiene que enseñar identificación con retrato extendido por Gobierno y firmar la aplicación bajo castigo de perjurio en frente de empleado de esta oficina.
2. Mail requests – You will need to sign the penalty of perjury statement **in front of a notary public.** –  
-Pedidos por Correo – Usted tiene que firmar la declaración de perjurio **en frente de un notario publico.**

Name of Person Completing Form – Nombre de Persona Completando la Forma

Relationship to Registrant – Parentesco con la Persona registrada

Street Address – Numero y calle

City - Ciudad

State - Estado

Zip Code – Zona Postal

I agree not to use the above referenced record obtained from this application or any portion thereof, for fraudulent purposes. I swear under penalty of perjury that I am an authorized person, as defined in California Health & Safety Code Section 103526 ©, and am eligible to receive a certified copy of the record identified on this application form.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Signature: \_\_\_\_\_

Yo estoy de acuerdo de no usar los documentos obtenidos por esta aplicación o cualquier información, para propósitos de fraude. Yo juro bajo castigo de perjurio que yo soy persona autorizada, por ley en sección 103526 del Código de Salud y Seguridad, y soy elijible de recibir copia certificada de la acta identificado en esta aplicación.

Jurado este \_\_\_\_\_ dia de \_\_\_\_\_, \_\_\_\_\_. Firma: \_\_\_\_\_

### BELOW SECTION FOR RECORDER'S USE ONLY

Book & Page Number

Certificate Number(s)

Type of I.D. & Identifying Numbers

Date Processed

Clerk Initials

# SWORN STATEMENT

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I, \_\_\_\_\_, swear under penalty of perjury under the laws of the  
(Printed Name)

State of 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 or death record of the following individual(s):

Name of Person on Certificate	Relationship to Person Listed on Certificate

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, 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.*

## CERTIFICATE OF ACKNOWLEDGMENT

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State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, a notary public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(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 is true and correct.

Witness my hand and official seal.

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