



COUNTY OF LAKE
ASSESSOR-RECORDER

255 N. Forbes Street
Lakeport, California 95453
Assessor's Office 707 / 263-2302
Recorder's Office 707 / 263-2293
Fax 707 / 263-3703
Assessor@lakecountycalifornia.gov

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD \$29.00 PER COPY

CERTIFICATE TYPE: I am requesting an AUTHORIZED COPY (notarized sworn statement required)
I am requesting an INFORMATIONAL COPY

Part 1 - Relationship to Person on Certificate (Registrant): Check appropriate box.

- The registrant or a partner, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
A party entitled to receive the record as a result of 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.
Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
An attorney representing the registrant or the registrant's estate.
I do not qualify as an authorized requestor and am requesting a Certified Informational Copy only. I understand this copy will be stamped "Informational, Not a valid document to establish identity."

Part 2 - Birth Record Information: Complete the information below as shown on the birth record.

Form with fields for FIRST Name, MIDDLE Name, LAST Name, City of Birth, County of Birth, Date of Birth, Parent FIRST Name, Parent LAST Name at Birth.

Part 3 - Applicant Information: Please PRINT all information legibly

Form with fields for Applicant Name, Mailing Address, Zip Code, City, State/Province, Country, Telephone, Email Address, Reason for Request.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Signature of Applicant City/State where signed Date

If applying by mail, and the applicant is an authorized requestor, the applicant's signature must be notarized and the acknowledgement must be attached to this application. No acknowledgement is necessary if requesting a certified informational copy only.

For Official Use Only section with fields for Initial of Clerk, Date Copy Issued, Type Issued, Order Method, ID#, CDL, Other.

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Applicant's 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, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
 (insert name and title of the officer)

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 paragraph is true and correct

WITNESS my hand and official seal.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC