

## INSTRUCTIONS FOR REQUESTING A COPY OF A BIRTH OR DEATH RECORD

1. Check which type of copy you are requesting:
  - a. **For Authorized Certified Copies:** You must complete the entire Application form, including the *Certificate of Identity Statement* (see instructions below).
  - b. **For Informational Copies:** You are only required to complete the Applicant and Registrant information sections of the application. The *Certificate of Identity Statement/Certificate of Acknowledgment* is not required for an Informational copy.
  
2. "I am:" Section: Check the box that pertains to your relationship to the Registrant (person named on the certificate).
  
3. **Certificate of Identity Statement/Certificate of Acknowledgment** (same page): Must be completed and signed under penalty of perjury. If application is submitted in person, the *Certificate of Identity Statement* must be signed in the presence of Clerk-Recorder Staff and no *Certificate of Acknowledgment* is required. If you submit your request by mail, you must complete and sign the sworn *Certificate of Identity Statement* in the presence of a Notary Public and the Notary Public must complete the *Certificate of Acknowledgment* (lower part of page) before mailing your request.  
**PLEASE NOTE: Only one notarized *Certificate of Identity Statement/Certificate of Acknowledgment* is required for multiple certificates requested at the same time; however, the *Certificate of Identity Statement* must include the name of each individual whose birth/death certificate you wish to obtain and your relationship to that individual. The front portion of the application must be completed for each individual you are requesting birth/death certificate copies for.**
  
4. **Fees:** Fees may be paid by cash, check, money order, debit or credit card in the Clerk-Recorder's Office. Mail requests must be paid by personal check, postal or bank money order (International Money Order only for out-of-country requests). Checks or money orders should be made payable to Stanislaus County Clerk-Recorder.
  - a. Fees for copies or searches of Birth Certificates: \$23 for each copy or search\*
  - b. Fees for copies or searches of Death Certificates: \$16 for each copy or search\*\*If no record is found the fee is retained for the search effort (as required by statute).
  
5. **Internet Orders:** May be placed online through [www.vitalchek.com](http://www.vitalchek.com). An additional fee of \$7 is charged by VitalChek for use of this service. Carefully follow all instructions from the VitalChek website when placing your order.
  
6. **Mail Requests:** Mail completed application, *Certificate of Identity Statement/Certificate of Acknowledgment* (one page), appropriate fees, and a self-addressed stamped envelope to: Stanislaus County Clerk, P. O. Box 1670, Modesto CA 95353-1670.

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

**NOTICE: Orders sent by mail or messenger must include the accompanying Certificate of Identity Statement, sworn under penalty of perjury and executed before a Notary Public (see accompanying instructions).**

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth or death records. Those who are not authorized by law to receive an Authorized Certified Copy will receive a certified copy marked "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.**" Please indicate whether you would like an Authorized Certified Copy or a certified Informational Copy.

I would like an **Authorized Certified Copy** of the record identified on the application form. *(In order to receive an Authorized Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below; AND complete the Certificate on the BACK SIDE.)*

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 nor required to complete the back side of this form in order to receive an Informational Copy.)*

I am:

- The registrant (person named on the certificate) or a parent or legal guardian of the registrant.
- 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.
- 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 registrant (person named on the certificate).
- An attorney representing the registrant (person named on the certificate) or the registrant's estate, or any person or agency empowered by statute or appointed by court to act on behalf of the registrant or the registrant's estate.
- An agent/employee of a funeral establishment, acting within the scope of employment, who is 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.

**Attention: Read accompanying instructions before completing this form.**

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE)**

|  |              |          |  |          |
|--|--------------|----------|--|----------|
| Printed Name <b>and Signature</b> of Person Completing Application | Today's Date | # Copies | Telephone Number – Area Code First ( ) |          |
| Address – Number, Street   | City         |          | State                                  | ZIP Code |
| Name/Address of Person Receiving Copies, If Different From Above   | City         |          | State                                  | ZIP Code |

**REGISTRANT INFORMATION (PLEASE PRINT OR TYPE)**

|                             |  |                                      |     |
|-----------------------------|--|--------------------------------------|-----|
| Name on Certificate – First | Middle                                       | Last                                 | Sex |
| <b>BIRTH CERT</b>           | Date of Birth                                | Place of Birth – City or Town, State |     |
|                             | Father's First and Last Name                 | Mother's First and Maiden Name       |     |
| <b>DEATH CERT</b>           | Date of Death (Or period of years to search) | Place of Death – City or Town, State |     |

|  |              |           |              |                |  |
|--|--------------|-----------|--------------|----------------|--|
| <b>For Official Use Only</b>   |              |           |              |                |  |
| Type of Certificate<br><input type="checkbox"/> Birth <input type="checkbox"/> Death | Checked By   | Filled By | Delivered By | Date Delivered | Type Issued<br><input type="checkbox"/> Certified <input type="checkbox"/> Informational |
| Certificate #  | Bond Paper # |           |              | DL / ID #      |  |

**CERTIFICATE OF IDENTITY STATEMENT**

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the 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 an Authorized Certified Copy of the birth or death record of the following individual(s):

| Name of Person Listed on Certificate (Registrant) | State Your Relationship to the Person Listed on Certificate |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_,  
(Day) (Month) (City) (State)

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

**NOTE: If submitting your order by mail or messenger, you must have your sworn statement notarized using the Certificate of Acknowledgment below.**

-----  
**CERTIFICATE OF ACKNOWLEDGMENT**

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

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

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared  
(date) (printed name and title of officer authorized to take acknowledgments)

\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the  
(print name of person )  
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.

\_\_\_\_\_  
NOTARY SIGNATURE



Notary Seal