

**San Joaquin County Public Health Services  
Mail Application for Certified Copy of Birth Certificate**

Effective July 1, 2003 California law permits only authorized individuals to receive authorized certified copies of birth records required to establish identity and related uses such as obtaining a driver's license, passport, or insurance coverage. If you are requesting an authorized certified copy, complete all application sections and submit it with a notarized statement as described in section 4.

An informational certified copy may be obtained by any person but cannot be used to establish formal identity. If you are requesting an informational certified copy, complete sections 1 and 2 only and submit the application. A notarized statement is not required for an informational only copy.

***The health department furnishes certified copies for births that were registered during the current and past calendar year only.***

Submit this application form with the appropriate fees to:

Public Health Services – Vital Records Unit  
PO Box 2009 Stockton, CA 95201-2009

***Permanent records are kept at the County Recorder's Office at:***

44 N. San Joaquin St. 2<sup>nd</sup> floor Ste. 260  
Stockton CA 95202

[www.sjgov.org/Recorder/Vital.htm](http://www.sjgov.org/Recorder/Vital.htm)

Certificate Type Requested: \_\_\_ Authorized Certified Copy \_\_\_ Informational Only

Number of Certificates Requested \_\_\_\_\_

**1. Newborn/Registrant Information**

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Multiple Births – Additional Newborns (twins/triplets)

Name \_\_\_\_\_

Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**2. Requestor Information**

Name \_\_\_\_\_

Mail Address \_\_\_\_\_  
Number and Street City State Zip Code

**3. Authorized Individual Information** – Complete this section if requesting authorized certified copy. Specify which category of authorized individual you are:

- A parent, legal guardian, grandparent, or sibling of the registrant.
- A party entitled to receive the record as a result of a court order; an attorney or a licensed adoption agency seeking the birth record to comply with Section 3140 or 7603 of the Family Code.
- A member of a law enforcement agency or representative of another governmental agency, as provided by law, who is conducting official business.
- An attorney representing the registrant or registrant's estate; a person or agency empowered by statute or appointed by a court to act on behalf of the registrant or his/her estate.

**4. Notarized Statement** – A written request for an authorized certified copy must be accompanied by a notarized statement sworn under penalty of perjury that the requester is an authorized person, as required by State law. *Your application will be returned if the required statement below is not signed and notarized.* **This section is not required for an informational only copy.**

**Sworn Statement:**

I, \_\_\_\_\_, declare 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 a certified copy of the birth record of the individual identified on this application.

Subscribed to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year City State

\_\_\_\_\_  
Applicant's Signature

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**CERTIFICATE OF ACKNOWLEDGEMENT**

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

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(here insert name and title of the officer)

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 paragraph is true and correct.

WITNESS my hand and official seal.  
(NOTARY SEAL)

\_\_\_\_\_  
Notary Signature

**Fees** – Fees for certificate copies are established by State law. Include a check or money order payable to San Joaquin County Public Health Services. The current fee is \$18.00 per copy.