



COUNTY CLERK - RECORDER

REBECCA TURNER

CALAVERAS COUNTY GOVERNMENT CENTER
891 MOUNTAIN RANCH ROAD
SAN ANDREAS, CALIFORNIA 95249-9709
(209) 754-6372

REQUEST FOR A CERTIFIED COPY OF BIRTH OR DEATH RECORD

IF THIS REQUEST IS DONE BY MAIL IT MUST BE NOTARIZED

FEES:
Birth \$25.00 Death \$21.00
(Fees revised 1/1/2014)
CASH, CHECK, or MONEY ORDER ONLY

of copies requested:

Record Information:

Name on Certificate: _____ Date of Birth or Death _____
First Middle Last

(Circle One)

Parents's Birth Name: _____ Parent's Birth Name: _____

California Health & Safety Code 103526 permits only authorized persons as defined below to receive certified copies of birth or death records

Relationship:

- Registrant, Parent/Legal Guardian, Grandparent/Grandchild, Child, Spouse/Domestic Partner, Law Enforcement/Government Agency, Sibling, Funeral Director, Adoption Agency, Authorized by Court Order or Statute, Attorney representing Registrant or legally recognized agent of Registrant

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

APPLICANT'S SIGNATURE: _____ DATE: _____
Sign Print Name

Mailing Address: _____
P.O. Box or Street City State Zip

Area Code & Phone Number: (____) _____

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE IF REQUESTING BY MAIL

State of _____
County of _____

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.

On _____, before me, _____, 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 paragraph is true and correct.
WITNESS my hand and official seal.

Notary Signature: _____

Office Use Only

Local File # _____ Banknote Paper# _____ (circle one) Check/Cash Check# _____ Amount: \$ _____
Date Issued/Mailed: _____ Receipt# _____ Deputy: _____



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INSTRUCTIONS FOR REQUESTING BIRTH/DEATH/MARRIAGE RECORDS

1. If you are requesting a certified **Informational Copy**, complete only the Request for Informational Copy Form. If you are requesting an **Authorized Certified Copy**, complete the Request for Certified Copy Form.
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 attached statement 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 or death certificate you wish to obtain and your relationship to that individual.** (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
3. Use a separate application form for each different record of birth or death for which you are requesting a certified copy.
4. 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. Complete the **Applicant** section and provide your signature, address and phone number where indicated.
5. Submit **\$25** for **each** certified/informational copy of a birth certificate, **\$21** for **each** certified/informational copy of a death certificate, and **\$15** for **each** certified/informational copy of a marriage record. **If no record is found, the fee will be retained for searching as required by statute, and a Certificate of No Public Record 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 personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the **Calaveras County Recorder**. Mail this application with the fee(s) and a self-addressed, stamped envelope to the Calaveras County Recorder, 891 Mountain Ranch Road, San Andreas, CA 95249.