

APPLICATION FOR CERTIFIED COPY OF:

- | | | |
|--|---|--|
| <input type="checkbox"/> BIRTH RECORD \$25.00 | <input type="checkbox"/> DEATH RECORD \$21.00 | <input type="checkbox"/> PUBLIC MARRIAGE \$15.00 |
| <input type="checkbox"/> **CONFIDENTIAL MARRIAGE \$15.00 | | |

Expedited Shipment - Additional Fee \$20.00 (credit card orders only)

NAME OF REGISTRANT <i>Provide both names for Marriage Certificate</i>	----- ----- <p align="center">First Name</p>	----- ----- <p align="center">Middle Name</p>	----- ----- <p align="center">Last Name</p>
DATE ON RECORD <i>Date of event</i>	Month, Day, Year	PLACE OF MARRIAGE, BIRTH OR DEATH	City or County
MOTHERS MAIDEN NAME		FATHERS NAME	

NAME OF APPLICANT	First Name	Middle Name	Last Name
MAILING ADDRESS OF APPLICANT	Number & Street	City	State & Zip Code
PHONE # INCLUDING AREA CODE	()		

To obtain a Certified Copy (Birth, Death or Public Marriage) you must check the appropriate box below. I am an authorized requestor and am:

- | | |
|--|---|
| <input type="checkbox"/> The registrant | <input type="checkbox"/> A parent, legal guardian, child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant. |
| <input type="checkbox"/> 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 (include a certified copy of the court order with this request). | |
| <input type="checkbox"/> An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate (if by power of attorney, include a copy of the power or attorney with this request). | |
| <input type="checkbox"/> A member of a law enforcement agency or a representative another governmental agency, as provided by law, who is conducting official business. | |
| <input type="checkbox"/> Any funeral director who orders on behalf of any individual specified in paragraph (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code | |
| <input type="checkbox"/> Informational Copy – For those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" | |

****CONFIDENTIAL MARRIAGE CERTIFICATE**

To receive a Certified Copy I am:

- | | |
|---|--|
| <input type="checkbox"/> One of the parties to the confidential marriage. | <input type="checkbox"/> A party entitled to receive the record as a result of a court order pursuant to Family Code Section 511c (include a certified copy of the court order with this request). |
|---|--|

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

Executed at _____

City and State where signed

Date _____

Signature of Applicant _____

(Must be signed in the presence of notary if by mail or Deputy Recorder if in person)

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

		For Official Use Only	
Book:	Page:	Date Copy Issued:	ID#:
Receipt #:		Type Issued: <input type="checkbox"/> Certified <input type="checkbox"/> Informational	CDL_____ Other_____
Certificate #:		Order Method: <input type="checkbox"/> In Person <input type="checkbox"/> Mail	Initial of Clerk issuing copy:
<input type="checkbox"/> Amex <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Visa		Credit Card #:	Exp. Date:

Revised January 1, 2016

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 County Clerk 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 MENDOCINO)

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.
SUSAN M. RANOCHAK, Assessor-Clerk-Recorder

(SEAL)

Deputy Clerk