



**Applicant (Person requesting certified copy) Information & Mailing Address:**

Print or type your complete name and address.

NOTE: This box is used as a mailing label for your copies.

**Phone Number:**

Print or type your complete telephone number including area code.

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**Registrant Information:**

Print or type number of copies requested

Check if birth or death record

Print or type name of birth or death

Print or type date of birth or death

Print or type hospital of birth or city of death

Print or type mother's maiden name

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**Applicant Information:**

Print or type name of applicant

Print or type address of department/division

Print or type name of department/division

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**Important:**

If you are a member of a law enforcement agency or a representative of another governmental agency, as proved by law, who is conducting official business, please check the box indicating that you are obtaining a certified copy of a birth/death record.

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**Sworn Statement:**

Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth or death record to complete and sign a sworn statement under penalty of perjury. Please print your name in the space provided, complete the date and then sign the sworn statement.

Mail ALL copies of the application form and appropriate fees, with check or money order ONLY payable to:

**Sacramento County Vital Records**  
**Inter-Office Mail Code: 37-600C**  
**7001 East Parkway, Suite 650**  
**Sacramento, CA 95823**

**Information line:**  
**(916) 875-2066**

**Sacramento County Vital Records is not responsible for lost, stolen or misdirected mail. As an option, attach a paid certified envelope to ensure delivery of your request.**