

**APPLICATION FOR CERTIFIED COPY OF MULTIPLE BIRTH RECORDS (Twins, Triplets, etc.)**

*PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING*

<b>Applicant (Person/Agency requesting) Information &amp; Mailing</b>		<b>Birth Certificate Information:</b>	
Name (First, Middle, and Last):		Last Name:	
Street Address:		1st Child's First Name:	Number of copies \$32.00 each
		2nd Child's First Name:	Number of copies \$32.00 each
City, State, Zip Code:		3rd Child's First Name:	Number of copies \$32.00 each
		Date of Birth:	Total Number of Copies at \$32.00 each
Telephone Number:			

Hospital Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Applicant's relationship to person named on certificate. Please check one:**

- A parent or legal guardian of person named on the certificate. **(Legal guardian must provide documentation.)**
- Grandparent, brother or sister of the registrant.
- A party entitled to receive record as a result of a court order, or an attorney or a licensed adoption agency seeking a birth record to comply with the requirements of Section 3140 or 7603 of the Family Code. **(A copy of the court order is required.)**
- A member of law enforcement agency or representative of another government agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**
- 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.
- Appointed rights in a power of attorney, or an executor of the registrant's estate. **(Please include a copy of the power of attorney or supporting documentation identifying you as executor.)**
- Other; Not Authorized, Certified Informational Copy. **(This document will be printed with a legend on the face of the document that states "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.)**

**A valid government issued photo ID is required for requesting authorized certified copies.**

**Sworn Statement: Complete in front of Notary or Vital Records Deputy**

I, \_\_\_\_\_ declare under penalty of perjury 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 record identified on this application form.

Declared this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year, at \_\_\_\_\_ City.

Signature: \_\_\_\_\_

*\*Per State Law, Sacramento County Vital Records' fees are non-refundable\**

**Certificate of Acknowledgement (This box MUST be completed for mail in applications)**

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 \_\_\_\_\_ on \_\_\_\_\_ before me, \_\_\_\_\_, 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.

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

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

**Office Use Only:** Local File # \_\_\_\_\_ Banknote Paper # \_\_\_\_\_ Deputy \_\_\_\_\_ ID \_\_\_\_\_

Local File # \_\_\_\_\_ Banknote Paper # \_\_\_\_\_ Deputy \_\_\_\_\_ ID \_\_\_\_\_

Local File # \_\_\_\_\_ Banknote Paper # \_\_\_\_\_ Deputy \_\_\_\_\_ ID \_\_\_\_\_

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

- Print or type your complete name and address.

NOTE: If mailed, this box is used as a mailing label for your copies.

**Phone Number:**

- Print or type your complete telephone number including area code.

**Applicant Information: Person or Agency requesting Certified Copies:**

Please place a check in the appropriate box describing your relationship to the person named on the certificate.

NOTE: A valid government issued photo ID is required for requesting authorized certified copies.

The California Health and Safety code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. If you are not an authorized person, a certified informational copy is available. Imprinted on the face of the copy will be "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." (Sworn Statement & Notary not required for a certified informational copy.)

**Per the Health and Safety code, section 103526(c) the following are authorized persons to purchase a certified copy of a birth certificate:**

- A parent or legal guardian of the registrant.
- A grandparent, sibling of the registrant.
- A party entitled to receive the record as a result of a court order.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- 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.
- Appointed rights in a power of attorney, or an executor of the registrant's estate.

103526(b) Other; Any person or agency not authorized per the above will receive a certified informational copy.

**Birth Certificate Information:**

Print or type number of copies requested. (At this time, only cash, checks or money orders are accepted.)

Print or type name of person on the certificate.

Print or type date of birth.

Print or type hospital of birth.

Print or type mother's maiden name.

**Sworn Statement:**

DO NOT COMPLETE THIS PORTION UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT. Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign a sworn statement under penalty of perjury.

**Certificate of Acknowledgement:**

Complete entire application then take to a notary public. Complete and sign the sworn statement in front of the notary public. Request the notary to acknowledge your signature in the sworn statement.

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

**Sacramento County Vital Records  
7001 East Parkway, Suite 650  
Sacramento, CA 95823**

**Information line:  
(916) 875-5345**

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