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

An informational certified copy may be obtained by anyone but cannot be used to establish formal identity. If 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 registered during the current and past calendar year only.

Submit this application form with appropriate fees to:
Public Health Services – Vital Records Unit
PO Box 2009, Stockton, CA 95201-2009

Permanent records are kept at County Recorder’s Office at:
44 N. San Joaquin St., 2nd floor Ste. 260, Stockton, CA 95202
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:

☐ Parent, legal guardian, grandparent, or sibling of the registrant.

☐ Party entitled to receive record as a result of court order; attorney or a licensed adoption agency seeking the birth record to comply with Section 3140 or 7603 of the Family Code.

☐ Member of law enforcement agency or representative of another governmental agency, as provided by law, who is conducting official business.

☐ Attorney representing 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

CERTIFICATE OF ACKNOWLEDGEMENT

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, ________________________________,
(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 check or money order payable to: San Joaquin County Public Health Services Effective January 1, 2022, the fee is $29.00 per copy.