

APPLICATION FOR CERTIFIED COPY BIRTH RECORD

Sutter County Clerk-Recorder
433 Second Street, Yuba City, CA 95991
www.suttercounty.org



Please read instructions on the next page.

1	BIRTH RECORD INFORMATION:	FEE \$29.00
Name (as written on birth certificate) _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;">FirstMiddleLast</div>		
Date of Birth _____ Mother's Maiden Name _____		
Is person listed on record adopted or had a legal name change? Yes <input type="checkbox"/> / No <input type="checkbox"/>		
2	COPY TYPE: <input type="checkbox"/> AUTHORIZED OR <input type="checkbox"/> INFORMATIONAL	# OF COPIES: _____
3	REQUESTOR'S CONTACT INFORMATION <i>(For requests by mail, address below is where copy will be mailed):</i>	
Name (and Agency Name if applicable) _____ Phone (xxx) xxx-xxxx _____		
Street Address _____		
City _____ State _____ Zip _____		
4	RELATIONSHIP TO THE PERSON LISTED ON THE BIRTH RECORD <i>(for Authorized Copies only):</i> <small>California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of Vital Records. Those who are not authorized will receive an Informational Certified Copy marked "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."</small>	
To obtain AUTHORIZED Copy, mark your relationship to the person on record below:		
<input type="checkbox"/> Registrant (name on record) <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Grandparent/Grandchild		
<input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Child		
<input type="checkbox"/> Law Enforcement/Govt Agency <input type="checkbox"/> Attorney of Record <input type="checkbox"/> Licensed Adoption Agency		
<input type="checkbox"/> Authorized by Court Order		
5	SWORN STATEMENT <i>(for Authorized Copies only):</i>	
I, _____ declare under <div style="text-align: center; margin-left: 100px;"><small>(Print Full Name)</small></div> penalty of perjury under the laws of State of California, that I am an authorized person and eligible to receive a certified copy of the birth record described in section 1 above.		
Sworn _____ At _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;">Date (mm/dd/yyyy)City, State</div>		
Signed _____ <div style="text-align: center; margin-left: 100px;"><small>Applicant Signature</small></div>		

OFFICE USE ONLY

ID # _____

Expiration Date _____

Rev. 1/2022

REQUESTING A BIRTH RECORD IN PERSON

1. Complete the APPLICATION FOR CERTIFIED COPY - BIRTH RECORD (also available in the office).
2. Bring ID.
3. Come to the Sutter County Clerk-Recorder office during regular business hours and submit your application. Most applications can be processed upon submission. Payments must be in the form of cash, check, or money order. Debit and credit card services are available for an additional \$2.50 convenience fee.

REQUESTING A BIRTH RECORD BY MAIL

1. Complete the APPLICATION FOR CERTIFIED COPY - BIRTH RECORD.
 - For AUTHORIZED COPY: Complete the Sworn Statement in front of a notary public and include the Notary Acknowledgement with application (*form provided below*).
 - For INFORMATIONAL COPY: Sworn Statement and Notary Acknowledgement are NOT required. (*Informational copies cannot be used to obtain passports or used with DMV.*)
2. Include a check or money order payable to "Sutter County Clerk Recorder" for the appropriate amount.
3. Mail the application and payment to the address below. To ensure accurate delivery, include a self-addressed stamped envelope.

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Yuba City, CA 95991

For Expedited Service: Mail completed application and payment in an *Overnight Express* envelope and include a prepaid, self-addressed *Overnight Express* envelope for return service.

NOTARY ACKNOWLEDGEMENT (*for mail in requests ONLY*)

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 _____) ss.
County of _____)

On _____ before me, _____, a Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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.

Signature of Notary: _____

(seal)