

# INSTRUCTIONS TO COMPLETE APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A BIRTH RECORD (\$36.00 PER COPY) in ALAMEDA COUNTY

<b>1</b>	<b>Birth Certificate Information:</b> Print or type number of copies requested. Print or type name of registrant. Print or type date of birth. Print or type city of birth. Print or type mother's maiden last name.
<b>2</b>	<b>Applicant Information:</b> If you ordered online at the Alameda County website, please include the 13-digit Order Confirmation Number. Print or type name of person ordering copy. Print or type address where copy is to be sent. Post Office Box is <u>not</u> acceptable. We may need to contact you regarding your certificate order. Print or type telephone number of person ordering copy, including area code. Print or type your email address.
<b>3</b>	Using the list below check the box next to the code section in Item #3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a birth record:  <b>103526(c)(2)(A)</b> The registrant or a parent or legal guardian of the registrant. ( <b>Legal guardian must provide documentation.</b> ) (Name on birth certificate) <b>103526(c)(2)(B)</b> 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. ( <b>Please include a copy of the court order.</b> )  <b>103526(c)(2)(C)</b> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. ( <b>Photo identification or a request on the agency's letterhead.</b> )  <b>103526(c)(2)(D)</b> A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.  <b>103526(c)(2)(E)</b> 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. ( <b>Please include a copy of the power of attorney; documentation identifying you as executor or supporting documentation.</b> )  <b>103526(c)(2)(F)</b> An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100.
<b>4</b>	<b><u>DO NOT COMPLETE THIS PART UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGMENT IN ITEM 5.</u></b> Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a birth record to complete and sign a sworn statement under penalty of perjury. <b>For In-Person Pickup:</b> the person who submitted the request will be required to present official government identification and sign the statement under penalty of perjury in front of Clerk-Recorder staff.
<b>5</b>	<b>Certificate of Acknowledgment</b> Complete Items 1 to 3 on the front of this application, then take this form to a notary public. Complete and sign the sworn statement in Item 4 in the presence of the notary public. Request that the notary acknowledge your signature in the sworn statement in Item 4. Mail the original application, with Sections 4 and 5 completed, and the appropriate fee, to:  Alameda County Clerk-Recorder 1106 Madison Street Oakland, CA 94607 Telephone: 510.272.6362  For Web and Phone Requests, Fax a Completed and Notarized Statement to: Fax: 510.208.9957 or email to CROUpload@acgov.org

Not required if picking  
up certificate in person.

**APPLICATION FOR UNRESTRICTED CERTIFIED COPY  
OF A BIRTH CERTIFICATE (\$36.00 PER COPY) in ALAMEDA COUNTY**

<b>1</b>	<b>Birth Certificate Information (Registrant)</b>			Number of copies requested: _____	
	Birth Name: _____		First _____	Middle _____	
	Date of Birth: _____		City of Birth: _____		
	Mother's Maiden Name: _____		Last _____		
<b>2</b>	<b>Applicant Information</b>		<b>(If ordered online) Confirmation #:</b> _____		
	Last Name: _____		First Name: _____	Middle: _____	
	Home Address: (P.O. Box <u>not</u> acceptable)		Number and Street (APT #)	City	State
	Shipping Address: (If Different than home)		Number and Street (APT #)	City	State
	Telephone Number: _____		Email Address: _____		
<b>3</b>	To obtain an Unrestricted Certified Copy the applicant must be authorized under section 103526 of the Health and Safety Code. <b>Please review and check the appropriate box below:</b>				
	<input type="checkbox"/> The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. <b>(Legal guardian must provide documentation.)</b> _____				
	<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 California Family Code. <b>(Please include a copy of the court order.)</b> _____				
	<input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. <b>(Photo identification or a request on the agency's letterhead.)</b> _____				
	<input type="checkbox"/> A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant. _____				
	<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. <b>(Please include a copy of the power of attorney; documentation identifying you as executor or supporting documentation.)</b> _____				
	<input type="checkbox"/> An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100. _____				
<b>4</b>	I, _____, swear under penalty of perjury that I am an authorized person, as defined in (Print Applicant's Name)				
	California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth record identified on this application form. Sworn on _____ day of _____, 20_____, at _____ Signature: _____ (City/State/Country)				
<b>5</b>	<b>Acknowledgment</b>		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.		
Not required if picking up certificate in person.	State of _____		_____		
	County of _____		_____		
	On _____ before me, _____		personally appeared (name and title of the officer)		
			_____ 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 on 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 Public		_____ (Notary Seal)		