



**Sutter County Clerk Recorder**  
**433 Second Street**  
**Yuba City, CA 95991**  
**530-822-7134 Fax No. 530-822-7214**

**APPLICATION FOR BIRTH OR DEATH  
RECORD BY MAIL**

**\$18.00 / BIRTH CERTIFICATE**  
**\$14.00 / DEATH CERTIFICATE**

Effective July 1,2003, California State Law, Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth/death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate below whether you would like a Certified Copy or a certified Informational Copy.

I would like a **Certified Copy** of the record identified on the application form. *(in order to receive a Certified Copy , you must indicate your relationship to the person named on the application form by selecting from the list below.)*

I would like a certified **Informational Copy** of the record identified on the application form. *(You are not required to select from the list below or complete the Statement of Identity in order to receive an Informational Copy.)*

I am:

- The registrant (person named on certificate) or a parent or legal guardian of the registrant.
- 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 requirement of Section 3140 or 7603 of the Family Code.
- A member of law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- 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.
- Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (2) to (5), inclusive, or subdivision (a) of Section 7100.

**BIRTH INFORMATION (PLEASE PRINT OR TYPE) - \$18.00 for each certified copy**

Name on Certificate – First Name	Middle Name	Last Name
Date of Birth	County of Birth	
Mother's Full Maiden Name	No. of Copies	

**DEATH INFORMATION (PLEASE PRINT OR TYPE) - \$14.00 for each certified copy**

Name of Decedent – First Name	Middle Name	Last Name
Date of Death	County of Death	No. of Copies

**STATEMENT OF IDENTITY FOR AUTHORIZED PERSON**

I \_\_\_\_\_, swear (or affirm) under penalty of perjury that I am an authorized person, as  
(Print Name)

Indicated above, and am eligible to receive a certified copy of the birth/death record identified on this application form.

Sworn this \_\_\_\_\_ Of \_\_\_\_\_,20\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) Year (City) (State)

\_\_\_\_\_  
Signature

**Applicant's Name** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_

**Applicant's Address** \_\_\_\_\_

Office Use:  
Bk/Page \_\_\_\_\_ Bank Note # \_\_\_\_\_ Deputy \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

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 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

Signature \_\_\_\_\_

#### INSTRUCTIONS FOR MAIL-IN APPLICATIONS

Mail-in requests for an Authorized Certified Copy of a Birth or Death Certificate must be accompanied by a completed Sworn Statement – signed in the presence of a Notary Public. Only one Notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.

Mail your completed application and notarized sworn statement, with payment to: Sutter County Clerk Recorder  
Please make check, cashier's check or money order to: 433 Second Street  
**Sutter County Clerk-Recorder** Yuba City, CA. 95991