

To complete the Birth Order Form:

Fill out the second and third page-

1. Fax Cover sheet
2. Written Application for Unrestricted Certified Copy of a Birth Record

The application is in PDF format, for convenience you can easily fill it out online.

Simply click into the fields of the application with your mouse.

Click on the applicable check boxes.

Once you have entered your information print the application.

If paying by Credit Card complete the online order form.

Follow these steps to complete the process-

1. Take the application to a notary and have the application notarized.
2. Fax the completed and notarized application to our office within 10 calendar days:

Fax# 925-335-7887 or 925-335-7888

Please, do not fax the entire packet only the **Fax Cover Sheet** and the **Written Application for Unrestricted Certified Copy of a Birth Record** is required.

Internet Birth Certificate Order

Fax Cover Sheet

To: Contra Costa County Clerk Recorder From:

Fax: Date:

OfficePhone: 925-335-7900 Pages:

Office

Fax number's 925-335-7887 925-335-7888

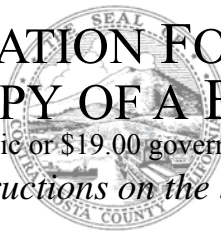
In the event that our two main fax server numbers are not functioning you may use our manual fax number:
925-335-7926

Comments:

WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A BIRTH RECORD

(\$31.00 general public or \$19.00 government agencies only).

Please review the instructions on the back before completing



1	<p>Birth Certificate Information Number of copies requested _____</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> </p> <p>Date of Birth: _____ City of Birth: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Month Day Year </div> </p> <p>Father's Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> </p> <p>Mother's Maiden Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> </p>
2	<p>Applicant Information</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> </p> <p>Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Number and Street City State Zip Code </div> </p> <p>Mailing Address: _____ <small>If different from above</small> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Number and Street City State Zip Code </div> </p> <p>Telephone Number: (with area code) () _____</p>
3	<p>To obtain an Unrestricted Certified Copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below.</p> <p> <input type="checkbox"/> 103526(c)(1) <input type="checkbox"/> 103526 (c)(2) <input type="checkbox"/> 103526(c)(3) <input type="checkbox"/> 103526(c)(4) </p> <p> <input type="checkbox"/> 103526(c)(5) <input type="checkbox"/> 103526(c)(6) </p>
4	<p>I (printed name) _____ swear 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 a certified copy of the birth record identified on this application form. Sworn this _____ day of _____, _____, at _____ (City) Signature: _____</p>
5	<p>Certificate of Acknowledgment State of _____ County of _____</p> <p>On _____ before me, _____ <small>Notary public</small>, 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.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p> <p>Signature _____ <small>(seal)</small></p>
<p>Office use only: Reel/Image _____ Certificate # _____ Paper# _____ Deputy _____</p>	

INSTRUCTIONS TO COMPLETE WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A BIRTH RECORD

1	Birth Certificate Information: 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 father's name Print or type mother's maiden name
2	Applicant Information: Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different than address above Print or type telephone number of person ordering copy, including area code
3	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: 103526 (c)(1) The registrant or a parent or legal guardian of the registrant 103526 (c)(2) 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. 103526 (c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. 103526 (c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant. 103526 (c)(5) 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. 103526 (c)(6) Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) or Section 7100 of the Health and Safety Code
4	DO NOT COMPLETE THIS PART UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGMENT IN ITEM 5. 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.
5	Certificate of Acknowledgment Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4. Mail the original application with the appropriate fee (\$31.00 general public or \$19.00 government agencies only). To: Contra Costa Recorder P.O. Box 350 Martinez, CA 94553