

EL DORADO COUNTY OFFICE OF VITAL STATISTICS

INSTRUCTIONS FOR REQUESTING COPIES OF BIRTH OR DEATH CERTIFICATES

Please read all instructions carefully. If you are requesting a birth or death certificate for a birth or death that occurred in El Dorado County during the current year or the immediate past year, you can apply in person or by mail to the El Dorado County Office of Vital Statistics located at 931 Spring Street, Placerville, CA 95667, phone (530) 621-6121. The office hours of the Office of Vital Statistics are 8:00 a.m. to noon, Monday through Friday. *If the birth or death occurred in El Dorado County prior to that time, you will need to request a certificate from the County Recorder/Clerk's Office located at 360 Fair Lane, Placerville, CA 95667, phone (530) 621-5490.*

If you are making the request in person:

1. Complete all sections of the Application for Copies of a Birth or Death Certificate except for the Sworn Statement section. If you are requesting a **certified** copy of a certificate, you must complete the Sworn Statement in the presence of Vital Statistics staff. If you are requesting an **informational** copy of a certificate, then you do not need to complete the Sworn Statement section. The application lists who is eligible to receive a certified copy of a certificate.
2. Pay the appropriate fee in cash, check or money order (credit cards are not accepted). Normally, in-person requests are processed at the time of receipt.

If you are making the request by mail:

1. Complete all sections of the Application for Copies of a Birth or Death Certificate except for the Sworn Statement section. If you are requesting a **certified** copy of a certificate, you must complete the "Notarized Sworn Statement" document, and have it notarized. If you are requesting an **informational** copy of a certificate, then you do not need to submit a Notarized Sworn Statement. The application lists who is eligible to receive a certified copy of a certificate.
2. Send the completed application, the notarized sworn statement (if applicable), along with a check in the appropriate amount payable to the El Dorado County Office of Vital Statistics at the address listed above. Allow up to three weeks for the processing of mail-in requests.

Please do not hesitate to contact the Office of Vital Statistics at (530) 621-6121 for assistance.

**EL DORADO COUNTY VITAL STATISTICS
APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATE**

Please indicate the items you would like to receive:

Birth Certificate
\$21 each

Quantity

Death Certificate
\$14 each

Quantity

Please Print or Type

Information About Person Requesting Certificate:

<u>Your</u> Name and Address	Telephone Number (Include Area Code)
	Driver's License No.

Information About Person Listed On Certificate:

Name As Appearing On Certificate			Sex
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Date of Birth or Death (Month, Day, Year)	Father's Name	Mother's Maiden Name	
<i>For Birth Certificates Only</i>		OFFICE USE ONLY	
Hospital Name (if applicable)	City/Town of Birth	Date Application Received	
<i>For Death Certificates Only</i>		Date Application Processed	
Social Security Number	City/Town of Death	Total Amount Paid	
		Method of Payment	
		Certificate Number	

The California Health and Safety Code, Section 103526, permits only authorized persons (as defined below) to receive certified copies of birth and death certificates. Persons not authorized to receive a certified copy will receive an informational copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." **Please mark requested type below.**

Informational Copy – Do **NOT** select from items (1) through (6) below or sign the Sworn Statement.

Certified Copy – **DO** select from items (1) through (6) below, as applicable. Complete the following Sworn Statement (for in-person requests) or attach a separate Notarized Sworn Statement (for mail-in requests, as required).

I am:

- (1) The registrant or a parent or legal guardian of the registrant.
- (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.
- (3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- (4) A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- (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.
- (6) An agent or employee of a funeral establishment acting within the course and scope of employment and ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

SWORN STATEMENT: Complete the following **in the presence of Vital Statistics staff** for certified copy requests made in-person at the Vital Statistics Office. (Attach a separate Notarized Sworn Statement for mail-in requests, as required.)

(Print Name)

I, _____, swear 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 103526 (c), and am eligible to receive a certified copy of the birth or death certificate requested above.

Sworn this: _____ day of _____, _____ at Placerville, California
(Day) (Month) (Year)

Signature: _____

EL DORADO COUNTY VITAL STATISTICS
ESTADÍSTICAS DEMOGRÁFICAS DEL CONDADO EL DORADO

NOTARIZED SWORN STATEMENT
DECLARACIÓN JURADA AUTENTICADA POR NOTARIO

(For Mail-In Application for Certified Copy of Birth or Death Certificate)

I, _____, swear under penalty of perjury under the laws of the State of California,
(Print Name)
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 or death certificate of the following individual(s):

(Para Solicitud por correo de copias certificadas de Actas de Nacimiento o Defunción)

Yo, _____, juro bajo pena de perjurio bajo las leyes del Estado de California,
(Nombre en letras de molde)
que soy una persona autorizada, según lo define la Sección 103526 (c) del Código de Salud y Seguridad de California, y soy elegible para recibir una copia certificada del acta de nacimiento o defunción del siguiente individuo(s):

Name of Person Listed on Certificate <i>Nombre de la persona registrada en el Acta</i>	Applicant's Relationship to Person on Certificate <i>Relación del solicitante con la persona en el Acta</i>

Sworn this: _____ Day of _____, _____ at _____, _____
(Day) (Month) (Year) (City) (State)

Signature: _____

IMPORTANT NOTE: *The sworn statement (above) must be signed in the presence of a notary public and the notary public must complete the Certificate of Acknowledgment (below).*

Jurado el: _____ de _____, _____
(Día) (Mes) (Año) (Ciudad) (Estado)

Firma: _____

NOTA IMPORTANTE: *la declaración jurada (arriba) debe ser firmada en presencia de un notario público y el notario público debe completar el Certificado de Reconocimiento (debajo)*

ACKNOWLEDGMENT

State of California
County of _____)

On _____ before me, _____
(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.

Signature _____ (Seal)