

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):  TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR:	<i>For Court Use Only</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> 3341 Power Inn Road Sacramento, CA 95826	
<b>IN THE MATTER OF THE PETITION OF:</b> _____	
<b>PETITION TO OBTAIN ORIGINAL UNSEALED AND UNREDACTED BIRTH CERTIFICATE</b>	CASE NUMBER:

*To request a copy of original birth certificate, complete this form and attach a copy of a valid photo identification or driver's license.*

I, \_\_\_\_\_, am the Petitioner in the above-entitled matter and declare as follows:

1. My permanent residence address is: \_\_\_\_\_,  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of California.
  2. a. ☐ I am the adoptee.  
  
b. ☐ I am related to the adoptee as \_\_\_\_\_  
(explain relationship to adoptee)
  3. Sacramento County is ☐ the residence of the adoptee OR ☐ the county wherein the Order of Adoption was granted.
  4. The adoptee's date of birth is \_\_\_\_\_ and place of birth is \_\_\_\_\_.  
(day, month, year) (city, state)
  5. ☐ I ☐ the adoptee was adopted by \_\_\_\_\_,  
(name of adoptive parents)  
on or about \_\_\_\_\_, in the City of \_\_\_\_\_, County of \_\_\_\_\_,  
(day, month, year)  
State of \_\_\_\_\_.
  6. I respectfully request permission to obtain a copy of the original birth certificate of the named adoptee for the following reasons (*set forth good and compelling reasons or good cause approaching the necessitous*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ See attachment #6, attached hereto.

7. Attached is the Application for Certified Copy of Birth Record (VS-111) and a check made payable to CDPH Vital Records.

### VERIFICATION

I am the Petitioner in the above matter. I have read the foregoing Petition and know the contents thereof. I declare that the same is true of my own knowledge, except as to those matters which are therein stated upon my information and believe, and as to those matters I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_, at \_\_\_\_\_  
*(date)*
*(city, state)*

\_\_\_\_\_  
*(Print Name of Petitioner)*

\_\_\_\_\_  
*(Signature of Petitioner)*



# How to Obtain a Certified Copy of a Birth Record

## AVAILABILITY OF RECORDS

Birth records are available 21 days after the date of event. You may request a copy from either the county of birth or from the California Department of Public Health – Vital Records (CDPH-VR). CDPH-VR issues vital records for all of California where as counties can only issue records for events that occurred in that county.

If CDPH-VR cannot locate the record based on the information you provide, the law authorizes CDPH-VR to retain the fee for the search, and CDPH-VR will issue a Certificate of No Public Record (CNPR).

## IF THE RECORD NEEDS AMENDMENT

Amendments to original birth records are frequently submitted to CDPH-VR to correct errors or add information to original documents. Copies of amended certificates may be requested at the same time the amendment is submitted. The applicant receives a certified copy once the amendment is completed.

- If you request a certified copy before the amendment has been completed, you may receive either: a copy of the un-amended record, or a CNPR if CDPH-VR is not able to locate the record.
- If you know that the record is being amended, and it is in the amended record that you want, please wait until after the amendment has been completed before requesting a certified copy.

## CERTIFIED COPIES AND SWORN STATEMENTS

There are two types of certified copies available upon request:

### 1) **Certified Copy** (*authorized persons only*)

A certified copy can be used to establish the identity of the person named on the certificate.

If you are requesting a certified copy, you **MUST** provide a notarized sworn statement (see page 5 of application) declaring under penalty of perjury that you are authorized by law to receive the certified copy (see application for list of authorized individuals).

If you are requesting a certified copy and a notarized sworn statement is not included, CDPH-VR will not accept your request for processing.

**Note:** Only one sworn statement is required for multiple records that are requested at the same time – however, the sworn statement must include the name of each person whose record is being requested and your relationship to that person.

## 2) **Certified Informational Copy** (*any interested person*)

If you are requesting a certified informational copy, you DO NOT need to provide a sworn statement.

A certified informational copy has a legend printed on the face of the document that states, “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.” Persons who are not eligible to receive a certified copy can receive a certified informational copy.

Both types of documents are certified copies of the original document on file with CDPH-VR. Depending on the exact year of event, some certified informational copies will have signatures and Social Security numbers redacted (concealed).

### **WHAT TO SUBMIT FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE**

- ☐ Completed “Application for Certified Copy of Birth Record” (VS 111).
- ☐ Notarized sworn statement (if applicable).
- ☐ \$29 fee per copy requested (check or money order in US dollars, made payable to CDPH-Vital Records) **NO CASH**.

### **APPLICANT NOTIFICATION**

Once your request has been received and evaluated:

- If your request is not accepted (e.g., due to insufficient fees, insufficient information, etc.), the request will be returned with a letter explaining what needs to be corrected; or,
- If your request is accepted, CDPH-VR will process the application and mail out a copy of the certificate(s) you requested.

### **PROCESSING TIMES**

To check current processing times for certified copies of birth certificates, visit the CDPH-VR Website (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>).

If you need your copy sooner, please refer to the enclosed list of county recorder’s offices to contact the county where the event occurred.

Mail all applications and written inquiries to the address below. If you have any questions, please contact the CDPH-VR Customer Service Unit, Monday through Friday, 8AM – 4PM.

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California Department of Public Health | Vital Records – MS 5103  
P.O. Box 997410 | Sacramento CA, 95899-7410  
(916) 445-2684 | [CHSIVitalRecords@cdph.ca.gov](mailto:CHSIVitalRecords@cdph.ca.gov)  
CA Relay: 711/1-800-735-2929

## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

### \$29.00 PER COPY

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THE APPLICATION.

**CERTIFICATE TYPE:** ☐ I am requesting an AUTHORIZED COPY (notarized sworn statement required)  
☐ I am requesting an INFORMATIONAL COPY

**Part 1 - Relationship to Person on Certificate (Registrant):** *Check appropriate box.*

- ☐ The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)
- ☐ A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- ☐ Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.)
- ☐ An attorney representing the registrant or the registrant's estate.

**Part 2 - Birth Record Information:** *Complete the information below as shown on the birth record.*

☐ Requesting sealed record (if checked, see #3 on instructions page)

FIRST Name		MIDDLE Name		LAST Name	
City of Birth (must be California)		County of Birth		Date of Birth - MM/DD/YYYY (or approximate date)	
Parent FIRST Name	Parent LAST Name at Birth	Parent FIRST Name	Parent LAST Name at Birth		

**Part 3 - Applicant Information:** *Please PRINT all information legibly.*

Applicant Name		Mailing Address: Number, Street, and Unit # (if applicable)			
Zip Code	City		State/Province		Country
Telephone (include area code)		Email Address		Reason for Request	

*Agency Use (if applicable)*

Agency Name	Case/ID Number	Contract Number
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**Application Checklist:**

<input type="checkbox"/> Check/Money Order Enclosed <div style="text-align: center;"><b>(No Cash)</b></div>	<input type="checkbox"/> Notarized Sworn Statement <div style="text-align: center;">Enclosed (if applicable)</div>	<b>Number of</b> <b>Copies</b> _____
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You may view current processing times on the CDPH-VR website ([www.cdph.ca.gov](http://www.cdph.ca.gov)).



<b>INSTRUCTIONS</b>
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1. Complete a separate application for each birth record requested.
2. In Part 1, check the appropriate box according to the relationship to the person on the certificate. **ONLY** authorized individuals (Health and Safety Code Section 103526) listed in Part 1 may obtain an authorized copy. All others may receive a certified informational copy that will be marked, “Informational, Not a Valid Document to Establish Identity.”
3. If adopted and requesting current record, enter the **adopted** name in Part 2. To request the **original** birth certificate, provide a court order releasing the original sealed record and check the “Requesting sealed record” box.
4. Complete Part 2 and Part 3. In Part 2, provide as much information as possible to help identify the record.
5. Indicate the number of copies and submit \$29.00 for **each** copy in the form of a check or money order, made payable to “CDPH-Vital Records” in US dollars. **DO NOT SEND CASH.**
6. **SWORN STATEMENT:**
  - Only one sworn statement is required for multiple records.
  - Sworn statements are not required for informational copy requests.
  - Authorized individuals must complete the top portion of the attached sworn statement by signing and identifying their relationship to person listed on certificate.
  - Sworn statements must be notarized for authorized copy requests. **Law enforcement and governmental agencies are exempt from the notary requirement, but must complete the top portion of the sworn statement page.**
  - A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul, or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.
7. Mail completed applications with the fee(s) to the address below.

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California Department of Public Health | Vital Records – MS 5103  
P.O. Box 997410 | Sacramento, CA 95899-7410  
(916) 445-2684 | [CHSIVitalRecords@cdph.ca.gov](mailto:CHSIVitalRecords@cdph.ca.gov)

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the  
(Applicant's Printed Name)

State of California, 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, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

*(The remaining information must be completed in the presence of a Notary Public.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.

(Day) (Month) (City) (State)

**(Applicant's Signature)**

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 \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(Insert name and title of the officer)

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

(SIGNATURE OF NOTARY PUBLIC)

WITNESS my hand and official seal.  
(SEAL)

