



JORDAN Z. MARKS  
ASSESSOR/RECORDER/COUNTY CLERK  
COUNTY OF SAN DIEGO  
[www.sdarcc.gov](http://www.sdarcc.gov)



FOR OFFICIAL USE ONLY

APPLICATION FOR A  
BIRTH CERTIFICATE  
OR LETTER OF NO RECORD

**\$34.00 – PER COPY**

**FEES ARE NON-REFUNDABLE**

Per California State Law, Health and Safety Code, Section 103526(c), permits only authorized persons as defined below to request certified copies of Birth Records. Those who are not authorized by Law to receive a certified copy will receive a certified informational copy marked "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.**"

Please wait 2 weeks from the date of the event before submitting your request. If we cannot find the record based on the information provided, State Law requires that we retain the fee and issue a "**Letter of No Record.**" You will be asked to present a valid photo ID for all in-person requests.

<input type="checkbox"/> I would like a <b>Certified Copy</b> of the record identified on the application form. <i>(You must indicate your relationship to the person named on the application form by selecting from the list below.)</i>	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> of the record identified on the application form OR a <b>Letter of No Record.</b> <i>(You are not required to select from the list below or complete the Statement of Identity to receive an Informational Copy or Letter of No Record.)</i>
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- I am:
- The person named on certificate or a parent or legal guardian of the person named on certificate
  - 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 (**Include a certified 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
  - A child, grandparent, grandchild, sibling, spouse, or domestic partner of the person named on certificate
  - An attorney representing the person named on certificate or their estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the person named on certificate or their estate

BIRTH INFORMATION ON CERTIFICATE (PLEASE PRINT OR TYPE) - \$34.00 for each certified copy		
First Name	Middle Name	Last Name
Date of Birth	County of Birth	# of Copies
Full Birth Name of Parent (First, Middle, Last)		

**STATEMENT OF IDENTITY FOR AUTHORIZED PERSON - In Person Only**

I, \_\_\_\_\_, swear under penalty of perjury that I am an authorized person, as  
(Printed Name of Person Requesting)

indicated above and am eligible to receive a certified copy of the birth record identified on this application form.

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

(Signature of Person Requesting)

*(Must be signed in the presence of a County Clerk)*

**PLEASE NOTE: IF SUBMITTING REQUEST BY MAIL**

**COMPLETE SWEORN STATEMENT & CERTIFICATE OF ACKNOWLEDGMENT ON PAGE 2**

### **SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am (Printed Name of Person Requesting) 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 of the following individual(s):

Name of Person Listed on Certificate	# of Copies	Applicant's Relationship to Person Listed on Certificate (Must be a relationship listed on page 1 of the application)

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_.  
(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
(Signature of Person Requesting)

*Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgment below. The notary is only verifying the identity of the person requesting the copy not the relationship to the registrant. Only one notarization is required even though the requestor may have a different authorized relationship to each being requested (i.e., Mother on one request, Registrant on another request, etc.).*

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 to the truthfulness, accuracy, or validity of that document.

### **CERTIFICATE OF ACKNOWLEDGMENT**

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Date) \_\_\_\_\_ (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.

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SIGNATURE OF NOTARY PUBLIC

#### **Mail Birth Certificate to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

# of Copies \_\_\_\_\_ X \$34.00 = \_\_\_\_\_

Mail this request along with your payment  
(check or money order payable to "San Diego County Recorder") to:  
**San Diego Recorder/County Clerk**  
**ATTN: Vital Records**  
**P.O. Box 121750**  
**San Diego, CA 92112-1750**