APPLICATION FOR BIRTH or DEATH CERTIFICATE

California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of Vital Records. Those who are not authorized by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked “INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY.”

Please indicate whether you would like an: □ Authorized Certified Copy or □ Informational Certified Copy

Certificate Information:

□ Birth $25.00  □ Death $21.00

Last Name: ___________________________  First Name: ___________________________  Middle: ___________________________

Date of Birth/Death (Month-Day-Year): ___-___-______  Number of Copies: ______

Applicant Information (Person Making Request):

Name of Applicant: ___________________________  Telephone Number ___-_____

Mailing Address: ___________________________  City: _________  State: ___  Zip Code: ______

Signature of Applicant: ___________________________  Date: ______

Who are you - Relationship of Applicant to Registrant on Certificate (Mark One):

□ Registrant (Name on Certificate)  □ Parent/Legal Guardian  □ Grandparent/Grandchild  □ Child

□ Law Enforcement/Govt Agency  □ Licensed Adoption Agency  □ Spouse/Domestic Partner  □ Sibling

□ Agent/Employee Funeral Establish.  □ Attorney of Record  □ Authorized by Court Order

I, ___________________________ swear (or affirm) under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health & Safety Code Section 103526 (c), and eligible to receive an Authorized Certified copy of the vital record identified on this application form.

Sworn this ___ day of _________, 20____, at ___________________________, City and State

Signature: ___________________________

For Requests By Mail For Authorized Certified Copy-The following must be completed by a Notary Public.

Notary Acknowledgement

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 ___________________________ ss.

County of ___________________________

On ___________________________, before me, ___________________________, a Notary Public, personally appeared ___________________________, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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 of Notary: ___________________________  (seal)
COUNTY OF COLUSA

INSTRUCTIONS FOR REQUESTING A BIRTH/DEATH RECORD IN PERSON

1) Go to the Colusa County Clerk & Recorder Office located at 546 Jay Street, Suite 200, Colusa California.

2) Complete the Application form for a Birth/Death Certificate Request also available in the office.

3) Public counter is open and available for processing between 8:30 am to 4:00 pm, Monday through Friday and through the lunch hour. Most applications can be processed upon submission. Payments must be in the form of cash, check or money order. Debit and credit card services not available.

INSTRUCTIONS FOR REQUESTING A BIRTH/DEATH RECORD BY MAIL

1) Complete the Application form for a Birth/Death Certificate Request.

2) If requesting an Authorized Certified Copy, the Notary Acknowledgement must be completed by a Notary Public. If an Informational Certified Copy is being requested, the Notary Acknowledgement does not have to be completed. Informational copies cannot be used to obtain passports or used with DMV.

3) Birth Certificates are $25 and Death Certificates $21 per copy, enclose a check or money order payable to “Colusa County Clerk,” for the appropriate amount.

4) Please include a self-addressed stamped envelope for accurate service. Allow at least 5 working days to receive your Certified Copy in the mail.

5) Mail the application and payment to the following address:

   Colusa County Clerk-Recorder
   546 Jay Street, Suite 200
   Colusa, CA 95932

For Expedited Service:
Mail the completed application and payment in an Overnight Express envelope and include a prepaid Overnight Express envelope inside to be returned to you.