APPLICATION FOR BIRTH CERTIFICATE

Fee: $29.00 each copy

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”; signatures and social security number will be redacted on Informational copies.

What type of copy are you requesting: [ ] AUTHORIZED or [ ] INFORMATIONAL

click complete 1, 2, & 4, notarize if mailing

complete 1, 2, & 3

1. Birth Certificate Information (Registrant):

Last name at birth ____________________________, First & middle name __________________________

Date of birth _______ ___________, Number of copies _______

Month Day Year

2. Applicant Information (Person Making Request):

Name of Applicant: __________________________ Telephone Number _______ - _______ - _______

Mailing Address: __________________________ City: __________ State: ______ Zip Code: ______

3. INFORMATIONAL certified copy: Informational copies do not require a notary acknowledgment. These copies will
have the social security number and signatures redacted and printed with the following watermark: “INFORMATIONAL, NOT VALID
DOCUMENT TO ESTABLISH IDENTITY.”

Sign here for an informational copy __________________________ Applicant signature

4. AUTHORIZED certified copy: MARK THE BOX THAT DESCRIBES YOUR RELATIONSHIP TO THE REGISTRANT

If none apply, you are not eligible to receive an authorized certified copy and may opt to buy an informational certified copy

☐ Registrant (name on certificate)  ☐ Parent/Legal Guardian of registrant

☐ Child  ☐ Sibling

☐ Law Enforcement/Govt Agency (on official business)  ☐ Power of Attorney/Legal

☐ Authorized by Court Order  ☐ Executor of Registrants Estate

☐ Attorney representing registrant or registrant’s estate

☐ Attorney/Licensed Adoption Agency (under Ca Family Code §3140 or 7603)

☐ Spouse/Registered Domestic Partner

CERTIFICATION: 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 & State  X ____________________

Applicant Signature

NOTARY ACKNOWLEDGMENT

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, ____________________________, (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. ____________________

(seal)

Signature ________________________________
COUNTY OF COLUSA

INSTRUCTIONS FOR REQUESTING A BIRTH RECORD IN PERSON

1. Go to the Colusa County Public Health Office located at 546 Jay Street, Suite 200, Colusa CA 95932.

2. Complete the Application form for a Birth 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 payments cannot be accepted.

INSTRUCTIONS FOR REQUESTING A BIRTH RECORD BY MAIL


2. If requesting an: Authorized Certified Copy, the Notary Acknowledgement must be completed by a Notary Public.

   Informational Certified Copy, the Notary Acknowledgement does not have to be completed. Please be aware that the Informational Certified Copy may not be accepted by all parties. It is up to the applicant to determine if they need an Informational Certified Copy or an Authorized Certified Copy.

3. Birth Certificates are $29 per copy. Enclose a check or money order payable to “Colusa County Public Health,” for the appropriate amount.

4. Please include a self-addressed stamped envelope for accurate service. Allow at least 7 working days to receive your Certified Copy in the mail.

5. Mail the application and payment to the following address: Colusa County Public Health
   251 E. Webster Street,
   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.