APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Please read instructions on back before completing this application

REGISTRANT INFORMATION / INFORMACIÓN DEL REGISTRANTE

Name given at birth/Nombre de nacimiento:

FIRST/PRIMERO | MIDDLE/SEGUNDO | LAST/APPELLIDO

Date of birth/Fecha de nacimiento:

MONTH/MES | DAY/DÍA | YEAR/AÑO

Hospital or Place of Birth Location/Hospital o Lugar de Nacimiento (must be in/debe estar en Long Beach):

☐ MemorialCare Long Beach Medical Center ☐ St. Mary Medical Center ☐ Out-of-Hospital Birth

Name of Parent 1 at birth/Nombre de nacimiento del padre 1:

Name of Parent 2 at birth/Nombre de nacimiento del padre 2:

PURSUANT TO HEALTH AND SAFETY CODE 103526, THE FOLLOWING INDIVIDUALS ARE ENTITLED TO AN AUTHORIZED CERTIFIED COPY OF A BIRTH RECORD.

I am related to the registrant as (check):

- ☐ The parent or legal guardian of the registrant.
- ☐ 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.
- ☐ 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 registrant.
- ☐ 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.
- ☐ **None of the above/I am requesting an Informational Copy** – Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

AUTHORIZED COPIES ONLY / SOLO COPIAS AUTORIZADAS

I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an AUTHORIZED certified copy of the birth record identified on this application form.

SWORN this _____ day of _____ , _____ at _____

DAY/DÍA | MONTH/MES | YEAR/AÑO | CITY/STATE/CIUDAD/ESTADO

Signature _____

OBTAINING YOUR COPIES / OBTENER SUS COPIAS

☐ Pick up/Recoger ☐ Mail/Correo

VITAL RECORDS USE ONLY

File Number:

Number of Copies:

Total Due:

Reviewed by:

Searched:

Date Issued:

CASHIER USE ONLY

Receipt Number:

Total Paid:

Payment Method:

Received by:

Payment Date:

Complete your information below / Escriba su información abajo

NAME/NOMBRE			EMAIL/CORREO ELECTRÓNICO	
STREET ADDRESS/DIRECCIÓN			PHONE NUMBER/TELÉFONO	
CITY/CIUDAD	STATE/ESTADO	ZIP CODE/CÓDIGO POSTAL	**WHITE** Original	**PINK** Client

REQUEST FOR BIRTH RECORD

Instructions

1. ***For Authorized Copies only*** – If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Records staff. If you submit your request by mail, you must complete the *Certificate of Identity* form and sign it in the presence of a Notary Public.
   Only one notarized Certificate of Identity form is required for multiple certificates requested at the same time; however, the form must include the name of each individual whose certificate you wish to obtain and your relationship to that individual. (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)

2. Use a separate application form for each different record of birth or death for which you are requesting an **Authorized Copy** or **Informational Copy**. If submitting your request for an **Authorized Copy** by mail, remember to identify each certificate requested on the Certificate of Identity form.

3. Complete the Registrant Information section and give all the information you have available to identify the record in the spaces provided. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. If no record is found, Health and Safety Code (HSC) 103650 requires our office to retain the fee and issue a Certificate of No Public Record.

4. Submit the current fee for **each** certified copy requested. If you are mailing your application, indicate the number of certified copies being requested. Payment can be made in the form of a personal check, postal money order, or bank money order made payable to **Long Beach Department of Health and Human Services**. For out-of-country requests, only international money orders may be used. Mail this application with the fee(s) to:

Vital Records
Department of Health and Human Services
2525 Grand Avenue
Long Beach, CA 90815

The City of Long Beach cannot guarantee delivery of certificates by the U.S. Postal Service. To safeguard your certificates, it is recommended that a self-addressed, stamped envelope be included with your application.

SOLICITUD DE ACTA DE NACIMIENTO

Instrucciones

1. ***Sólo para Copias Autorizadas*** – Si presenta su pedido en persona, deberá firmar una declaración jurada en presencia del personal de la Oficina de Registros Vitales. Si envía su solicitud por correo, deberá completar el formulario de *Certificado de Identidad* y firmarlo en presencia de un Notario Público.
   Solo se requiere un formulario de Certificado de Identidad notariado para múltiples certificados solicitados al mismo tiempo; sin embargo, el formulario debe incluir el nombre de cada individuo cuyo certificado desea obtener y su relación con ese individuo. (Nota: Un director de funeraria que solicita copias en nombre de una persona especificada en los párrafos (1) a (5), inclusive, de la subdivisión (a) de la Sección 7100 del Código de Salud y Seguridad no está obligado a completar la declaración notariada).

2. Utilice un formulario de solicitud separado para cada acta de nacimiento o defunción diferente para el cual solicita una **Copia Autorizada** o una **Copia Informativa**. Si envía su solicitud de **Copia Autorizada** por correo, recuerde identificar cada certificado solicitado en el formulario de Certificado de Identidad.

3. Complete la sección Información del Registrante y proporcione toda la información que tenga disponible para identificar el registro en los espacios provistos. Si la información que proporciona es incompleta o inexacta, puede resultar imposible localizar el registro. Si no se encuentra ningún registro, el Código de Salud y Seguridad (HSC, por sus siglas en inglés) 103650 exige que nuestra oficina retenga la tarifa y emita un Certificado de No Registro Público.

4. Presentar la tarifa vigente por **cada** copia certificada solicitada. Si envía su solicitud por correo, indique la cantidad de copias certificadas que solicita. El pago se puede realizar mediante cheque personal, giro postal o giro bancario a nombre de **Long Beach Department of Health and Human Services**. Para solicitudes fuera del país, solo se pueden utilizar giros postales internacionales. Envíe esta solicitud con la(s) tarifa(s) a:

Vital Records
Department of Health and Human Services
2525 Grand Avenue
Long Beach, CA 90815

La ciudad de Long Beach no puede garantizar la entrega de certificados por parte del Servicio Postal de EE.UU. Para proteger sus certificados, se recomienda incluir con su solicitud un sobre con su dirección y sello.

LONG BEACH HEALTH & HUMAN SERVICES

CITY OF LONG BEACH

Long Beach Department of Health and Human Services
Vital Records
2525 Grand Ave. Long Beach, CA 90815
562.570.4305 FAX 562.570.4245

CERTIFICATE OF IDENTITY/ SWORN STATEMENT - BIRTH & DEATH

In accordance with California State Law, the following identifying information is required to obtain a certified copy of Birth or Death Certificate. You must be one of the following to receive an authorized copy of a birth or death record, individual named on certificate, parent, child, legal guardian/custodian, grandparents, grandchild, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency (birth only), funeral director or agent/employee (death only).

This certificate must be signed in the presence of a Notary.

Name(s) Listed on Certificate	Applicant's Relationship to Name(s) Listed on Certificate

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 or death record for the individual(s) listed above.

Subscribed to the _____day of _____ 20____, at _____, _____.
(Day) (Month) (City) (State)

_____
(Applicant's Signature)

Mailing Address _____
(Street) (City) (State) (Zip)

CERTIFICATE OF 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 _____)

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.

(NOTARY SEAL)

_____
SIGNATURE OF NOTARY PUBLIC