

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below. Only one notarized statement is required per order not per certificate.

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the
(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 of the following individual(s):

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

Sworn this _____ day of _____, 200_, at _____,
(Day) (Month) (City) (State)

(Signature)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) ss
County of _____)

On _____, before me personally appeared

personally known to me, or 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.

WITNESS my hand and official seal.

(NOTARY SEAL)
