



Application for an Orange County Vital Record

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Health Officer, Orange County, CA

INFORMATION: Births and Deaths that occurred within past 60 days of event can be purchased from our office in person or by mail. All marriages, and births and deaths more than 60 days from date of event must be purchased from the Orange County Clerk Recorder's Office, 12 Civic Center Plaza, Room #106, Santa Ana, CA 92702. Telephone: (714) 834-2500 Website: www.ocrecorder.com

INSTRUCTIONS: Use a separate blank application for each record requested. All sections must be completed in their entirety. Please send the appropriate fee for each certified copy requested. If no record is found, the fee will be retained for searching as required by statute and a "Certification of No Record" will be sent.

PAYMENT OPTIONS:

Mail orders - Include with this application a personal check or postal or bank money order, made payable to "COHCA". Mail this application along with the fee to the Orange County Health Care Agency, P.O. Box, 234 Santa Ana, CA 92702-0234 or 1200 N. Main St. Ste.100-A, Santa Ana, CA 92701 (use street address, Not P.O. Box for same day delivery envelopes). Please include a self-addressed postage paid No. 10 envelope.

Walk-in customers - Same day service 1200 N. Main St. Ste.100-A, Santa Ana, CA 92701. Cash, Check or Money Order only. Telephone: (714) 480-6700, Website: www.ochealthinfo.com/bd

CERTIFICATE INFORMATION - PLEASE PRINT LEGIBLY OR TYPE

- 1. Give all the information you have available for the identification of the record. If the information you furnish is incomplete or not accurate, it may be impossible to locate the record.
2. The Health Care Agency may provide a certified copy of a record to an authorized person only. The law describes an authorized person as a Parent or legal guardian, a child, grandparent, grandchild, sibling, spouse or domestic partner. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Section 103526), the Health Care Agency may only issue an informational certified copy of the record with a legend stating "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." This section of the application must be completed prior to submission and no refund or exchanges will be made after the copy has been issued. Please indicate the type of record you are requesting. Select one of the following:

Form section for selecting record type: BIRTH (\$21.00), DEATH (\$14.00) With Causes, With Causes Pending, FETAL DEATH (\$11.00)

Form section for Name of Person (s) on the Record: First Name, Middle Name, Last Name

Form section for City or Town of Occurrence/Hospital, Date of Birth or Death, Mother's Maiden Name

Form section for Indicate "Certified" Copy or "Informational" Copy, Has the document ever been amended?, Number of Copies Requesting

APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE

- 1. When Appearing In Person - Orange County requires government issued photo identification. You will need to sign the application under penalty of perjury in front of a member of our staff.
2. Mail Requests - You will need to sign the penalty of perjury statement on the reverse side of this form in front of a notary public.

Form section for Purpose for Which Certificate is to Be Used, Your Relationship to the Person on the Record

Form section for Name of Person Requesting Certificate, Daytime Telephone Number - Area Code First

Form section for Address - Number, Street, and Unit #, City, State, Zip Code

I agree not to use the above referenced record obtained from this application or any portion thereof, for fraudulent purposes. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signature

BELOW SECTION FOR COUNTY USE ONLY

Form section for Local Registration Number, Amendment Number(s), Bank Note Paper Number(s)

Form section for Date Processed, Circle One Cash Check, Circle One Counter Mail, Type of I.D./Identifying Numbers, Clerk Receiving Application

Form section for Received # Sheets, Received \$ in Change, Verify ID, Return \$ in Change and Handout Certified Copies, Customer's Initials, Employee's Initials, Page 1 of 2

**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, \_\_\_\_\_, 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 of the following individual(s):

| Name of Person Listed on Certificate | Applicant’s Relationship to person Listed on Certificate<br>(Must Be a Relationship Listed on Page 1 of Application) |
|--------------------------------------|--|
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

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

\_\_\_\_\_  
 (Applicant’s Signature)

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate Of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state government agencies are exempt from the notary requirement.)**

**CERTIFICATE OF ACKNOWLEDGMENT**

State of California )  
 County of \_\_\_\_\_)

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_  
 (here insert name and title of the officer)

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