

In an effort to reduce identity theft, California Health and Safety Code 103526 permits only authorized persons as defined below to receive certified AUTHORIZED copies of birth records. Those who are not authorized by law to receive a certified authorized copy will receive a certified INFORMATIONAL copy marked:

“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”

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| 3 | I am requesting a Certified AUTHORIZED copy | I am requesting a Certified INFORMATIONAL copy SIGN HERE: _____ You may skip to # 5 |
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To obtain a Certified Authorized Copy, I am:

The person listed on the birth record or a parent or legal guardian. (Legal guardian must provide documentation.)

A child, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the birth certificate.

A member of a law enforcement agency or representative of a government agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)

A person who has a court order to obtain the record, or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)

An attorney representing the person or the person's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the person or the person's estate. (Please include a copy of the power of attorney, or supporting documentation identifying you as an executor.)

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| 4 | This is my Birth Certificate | <u>OR</u> | I am the person's _____ (ex. PARENT, SPOUSE, etc) |
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| 5 | <p>Requested by: Name: _____ Date: _____ No. of Copies: _____ Agency (if Applicable): _____ Address: _____ City/State/Zip: _____ Phone number: _____ Email address: _____</p> |
| | <p>Mail To (if different): Name: _____ Address: _____ City/State/Zip: _____</p> |

FOR CERTIFIED AUTHORIZED COPIES ONLY (NOT REQUIRED FOR INFORMATIONAL COPIES):

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| 6 | <p>STOP! YOU MUST COMPLETE THIS SECTION IN FRONT OF COUNTY CLERK STAFF <u>OR</u> A NOTARY PUBLIC</p> <p>I, _____ declare under penalty of perjury under the laws of the State of California, <small>(Printed name)</small> that the foregoing information is true and correct.</p> <p>Signature: _____ Date: _____ City & State: _____</p> |
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| 7 | <p>CERTIFICATE OF ACKNOWLEDGMENT – TO BE COMPLETED BY A NOTARY PUBLIC</p> <p>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.</p> <p>STATE OF _____ COUNTY OF _____</p> <p>On _____ before me, _____, Notary Public, personally <small>(Date) (Printed Name of Officer) (Title of Officer)</small> appeared _____, who proved to me on the basis of satisfactory <small>(Name of Requestor)</small> 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.</p> <p>Signature _____</p> <p>Printed name of notary: Commission number: Date of expiration:</p> | <p>Not required for Law Enforcement</p> |
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(Seal)

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor
Registrar of Voters



Hall of Records
1100 Anacapa St.
Santa Barbara, CA 93101

Mailing Address:
PO Box 159
Santa Barbara, CA 93102

MELINDA GREENE
Chief Deputy Clerk-Recorder

**COUNTY CLERK, RECORDER AND ASSESSOR
CLERK-RECORDER DIVISION**

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM
VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____

Phone #: (_____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp Date:** ____ / ____
(American Express Not Accepted)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (_____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

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| <p>OFFICE USE ONLY</p> <p>Transaction #: _____</p> |
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