

## **Application for an Orange County Vital Record**

## Eric G. Handler, M.D. 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: <a href="www.ocrecorder.com">www.ocrecorder.com</a>

**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 (<u>use street address</u>, Not P.O. Box for same day delivery envelopes). <u>Please include a self-addressed postage paid No. 10 envelope.</u>

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: https://cms.ocgov.com/gov/health/phs/about/dcepi/bd/default.asp

	CERTIFIC	CATE IN	FORMATION	N – PLEASE PRIN	T LEGIB	LY OR	TYPE		
not accurate, it 2. The Health Car Parent or legal requirement of informational IDENTITY."	t may be impossible to re Agency may provide guardian, a child, gradian authorized person certified copy of the authorized person certified copy of the authorized person person of the authorized person	o locate the de a certificand parent, in (as described with pplication)	e record. ed copy of a record grandchild, siblin ibed in Health & S a legend stating must be complete	n of the record. If the in rd to an authorized pers rg, spouse or domestic Safety Code Section 10 "INFORMATIONAL rd prior to submission re requesting. Select on	son only. The partner. If a 3526), the H A, <b>NOT A V</b> A	e law deserequestor lealth Car ALID DO	cribes an auth does not mee e Agency may	orized pet the yould solve only is	ssue an ABLISH
BIRTH (\$28.00) With Caus			D] With Causes	EATH (\$21.00)With Causes Pending			FETAL DEATH (\$18.00)		
Name of Person (s)	on the Record– First Na	Middle Name		Last Name					
City or Town of Occurrence/Hospital Date of Bir			h or Death (If unknown, enter approximate date)			Mother's Maiden Name			
ndicate "Certified" C	opy or "Informational"	Сору На	s the document ever been amended? (Y/N) If yes # of			f pages	ages Number of Copies Requesting		
APPLICANT	INFORMATION	– PLEA	SE PRINT LI	EGIBLY OR TYPI	E				
penalty of perjury 2. <b>Mail Requests</b>	in front of a member of a will need to si	r of our sta gn the pen	iff.	nent issued photo ident					
Purpose for Which C	Certificate is to Be Used			Your Relationship to t					
Name of Person Rec	questing Certificate			Daytime Telephone N	umber – Area	Code First			
Address – Number, Street, and Unit # (if applicable)				City	City			State	
				rom this application or laws of the State of Cal					
	Bute	RELC	)W SECTION	FOR COUNTY U	ISE ONLY	7	Signature -		
Local Registration Number Amendment Num									
Date Processed	Circle One Cash Check	Circle One	'	ype of I.D./Identifying Nu	umbers			Clerk Receiving Application	
Received # _	Sheets			Verify ID, Return \$_	in	Change a	nd Handout Cer	rtified Co	ppies
Received \$	in Change	Customer's Initials		Page 1 of 2		Employee's Initials F.042.13.0845E(R			

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**

(Applicar	nt's Printed Name)	_, declare under penalty of perjury under the laws of the
State of California, that I am an au	nthorized person, as defined in	n California Health and Safety Code Section 103526 (c), and am
eligible to receive a certified	d copy of the birth or death	h record of the following individual(s):
Name of Person Listed	on Certificate	Applicant's Relationship to person Listed on Certificate
		(Must Be a Relationship Listed on Page 1 of Application)
The remaining information m	ust be completed in the pr	resence of a Notary Public or Office of Vital Records staff.)
ubscribed to this da	y of, 20, 20	), at,(City) (State)
	(App)	licant's Signature)
Of Acknowledgment below.	ler by mail, you must ha The Certificate of Acknand state government ag	ove your Sworn Statement notarized using the Certificate owledgment must be completed by a Notary Public. gencies are exempt from the notary requirement.)
	CERTIFIC.	ATE OF ACKNOWLEDGMENT
State of California	)	
County of	)	
On, before me	e,(here insert name and ti	, personally appeared
acknowledged to me that he/sh he instrument the person(s), o	s of satisfactory evidence to ne/they executed the same or the entity upon behalf of	to be the person (s) whose name (s) is/are subscribed to the within instrume in his/her/their authorized capacity(ies), and that by his/her/their signature f which the person(s) acted, executed the instrument. I certify under PENA that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  (SEAL)
		<del>_</del>