



Application for a Vital Record
Office of Vital Records
200 W. Santa Ana Blvd., Suite 100-B, Santa Ana, CA 92701

- ▶ Allow 10 business days after the birth or death event for record registration and availability.
- ▶ If no record is found, Health and Safety Code (H&SC) 103650 requires our office to retain the fee and issue a Certificate of No Public Record.
- ▶ **FOR MAIL REQUESTS: A SELF-ADDRESSED, STAMPED ENVELOPE AND A NOTARIZED SWORN STATEMENT ARE REQUIRED** (Notarized sworn statement is not required for funeral establishments or government agencies).
- ▶ Make checks payable to the **Orange County Health Care Agency (OCHCA)**

1. TYPE OF VITAL RECORD (check one)

☐ **BIRTH \$28 each**

☐ **DEATH \$21 each**

☐ **FETAL DEATH \$18 each**

2. INFORMATION TO LOCATE RECORD (complete ALL fields)

| | | |
|-------------------------|--------------------|----------------------|
| First Name | Middle Name | Last Name |
| Date the event occurred | City of Occurrence | Mother's Maiden Name |

3. TO RECEIVE AN AUTHORIZED CERTIFIED COPY, I AM (check one) (Health and Safety Code 103526)

- | | |
|---|---|
| <input type="checkbox"/> Registrant (Name on Certificate) <input type="checkbox"/> Grandparent/Grandchild of Registrant <input type="checkbox"/> Child/Sibling of Registrant <input type="checkbox"/> Spouse/Registered Domestic Partner of Registrant <input type="checkbox"/> Parent/Legal Guardian of Registrant (Legal guardian must provide documentation.) <input type="checkbox"/> Authorized by Court Order (Include copy of court order.) <input type="checkbox"/> Law Enforcement/Govt. Agency (Conducting Official Business) <input type="checkbox"/> None of the above apply; I understand that I will receive an INFORMATIONAL Certified Copy. | <input type="checkbox"/> Attorney/Licensed Adoption Agency (Under CA Family Code 3140 or 7603) <input type="checkbox"/> Attorney Representing Registrant or Registrant's Estate <input type="checkbox"/> Power of Attorney/Executor of the Registrant's Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor.) <input type="checkbox"/> Agent or Employee of a Funeral Establishment (Acting within the scope of employment and on behalf of persons specified in HSC 7100 (a)(1)-(8)) <input type="checkbox"/> Surviving Next of Kin as specified in H&SC 7100 (ONLY FOR DEATH CERTIFICATES) |
|---|---|

4. CUSTOMER INFORMATION

FOR FUNERAL ESTABLISHMENT USE ONLY

| | | | |
|-------------------------------|----------------|--|---------------------|
| Person requesting certificate | | Establishment Name: | |
| Address | Apt/Unit/Suite | Check one: <input type="checkbox"/> Certificates will be picked up by funeral establishment employee <input type="checkbox"/> Mail Certificates (include stamped envelope) | |
| City | | Mail Certificate(s) to: | |
| State | Zip Code | Address | Apt/Unit/Suite |
| Phone | | City | State Zip Code |

5. CERTIFIED COPIES

| | |
|---|---|
| Number of Certified Copies requesting: | Registration Number (Not the EDRS Number) |
| Has the Record been Amended (corrected/changed)? <input type="checkbox"/> YES <input type="checkbox"/> NO | If applicable, complete this section: Causes Pending Investigation, issue: <input type="checkbox"/> Pending <input type="checkbox"/> With Final Causes Record Amended, issue with: <input type="checkbox"/> General Amend <input type="checkbox"/> Physician/Coroner Amend |

6. SWORN STATEMENT OF CUSTOMER

I, _____, declare under penalty of perjury under the laws of the 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 record for the registrant identified on this application.

Signature

Date

FOR COUNTY USE ONLY

| | | | |
|---|------------|------|---------------|
| Amount received \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> M/O <input type="checkbox"/> Credit | Date: | LRN: | Processed by: |
| | BN Paper # | | Verified by: |

Customer Received

Funeral Establishment Pick-up

_____ # Issued \$ _____ in Change _____ Initials

_____ Initials _____ Date



COMPLETE ONLY FOR APPLICATIONS SUBMITTED BY MAIL

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California that I am an _____ (Applicant's Printed Name) authorized person, as defined in California Health and Safety Code Section 103526 (c), and I 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 (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 Acknowledgement. The Certificate of Acknowledgment must be completed by a Notary Public. Only one notarized statement is required per order. (Law enforcement and local and state government agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual, who signed the document which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California _____)

County of _____)

On _____, before me, _____, personally appeared _____
(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 OF NOTARY PUBLIC

Office of Vital Records

200 W. Santa Ana Blvd., Suite 100-B, Santa Ana, CA 92701

AVAILABILITY OF RECORD

- Allow 10 business days after the birth or death event for the record registration and availability for purchase.
- **Please note:** Per Health and Safety Code 103650, if no record is found during a search for the record, the fee will be retained and a *Certificate of No Public Record* will be issued.
- Birth or death certificates are also available for purchase at the County of Orange Clerk-Recorder's Office after 30 days of a birth or death. If the birth or death took place more than two years ago, the record should be purchased at the County of Orange Clerk-Recorder's Office. For more information, visit www.ocreorder.com.

COMPLETING THE FORM

Section 1: Type of Vital Record

- Check the box of the type of vital record being requested.

Section 2: Information to Locate the Record

- Enter the information of the person listed on the vital record being requested.

Section 3: Authorized Certified Copy or Informational Certified Copy

- Check the box that applies to you to determine whether you can obtain an Authorized Certified Copy or Informational Certified Copy of the vital record. Per Health and Safety Code 103526, an Authorized Certified Copy of vital record can only be obtained by the individual named on the record, the parents of the individual named on the record and certain other individuals or entities specified by law. All other requestors can only obtain Informational Certified Copies which cannot be used to establish identity.
- If this section is not completed, the application will be returned.

Section 4: Customer Information

- Enter the information of the person requesting the record.

Section 5: Certified Copies

- Enter the number of copies you are requesting.
- Check the box that applies to acknowledge if record has been amended (corrected or changed).

Section 6: Sworn Statement

The customer requesting the record, must sign the sworn statement declaring under penalty of perjury that they are eligible to receive an Authorized Certified Copy of the vital record as identified in Section 3 of the application. If mailing the application, a **notarized** sworn statement is required.

MAIL-IN APPLICATIONS

- If you are applying for a record via mail, a **notarized sworn statement** is required with your application.
- Please include a stamped, self-addressed envelope with your application.
- We only accept checks or money orders through the mail. Do not send cash. Make checks payable to: **Orange County Health Care Agency (OCHCA)**
- Mail application to:
Office of Vital Records
200 W. Santa Ana Blvd., Suite 100-B
Santa Ana, CA 92701

AUTHENTICATION BY APOSTILLE OR CERTIFICATION

- The California Secretary of State provides authentication of public official signatures on documents to be used outside the United States of America. The country of destination determines whether the authentication is an Apostille or Certification. If you are seeking a Birth Certificate for use in a foreign country, please obtain a certified copy from the Orange County Clerk-Recorder's Office (www.ocreorder.com) to avoid the extra fee for authentication.