

## **Hugh Nguyen**

**Orange County Clerk-Recorder** P.O. Box 238, Santa Ana, CA 92702 630 N. Broadway, Santa Ana, CA 92701

## **Vital Records Request Form**

- (For Mail Use Only Mail your request to address above)

  •Please make your check or money order payable to the Orange County Clerk-Recorder
- •Only an authorized person can receive an official certified copy.
- •If you are not an authorized person, you will receive a redacted copy with the following stamped on it, "Informational Not a Valid Document to Establish Identity"

## Please Print or Type Clearly – Use Black Ink Only

Birth/Death/Single Status Certificate Information (We only maintain records for births and deaths that occurred in Orange County)					
Complete this section if requesting a birth/death/single status certificate.  For births or deaths that occurred within the past 60 days, please call the County Health Care Agency at (714) 480-6700.  A "Certificate of No Record" will be sent if we cannot locate the record you are requesting.  Check one:  For adoptions go to www.dhs.ca.gov					
☐Birth Certificate \$28/copy ☐Death Ce	rtificate \$21/copy	Single Status Certificate \$1	5/copy Number of 0	Copies	
First Name(s)	Middle Name(s)		Last Name(s)		
City of Birth/Death	Mother's Maiden Name(birth only)		Date of Birth/Death		
Check one:  Certified copy	☐ Informational Copy ☐ Military/Veterans benefits (attach letter from VA)			/A)	
Marriage Certificate Information (We only maintain records for marriage licenses that were issued by the Orange County Clerk-Recorder)					
Complete this section if requesting a marriage certificate.  A "Certificate of No Record" will be sent if we cannot locate the record you are requesting.					
☐Marriage Certificate \$15/copy	Date of Marriage:		Number of Copie	es	
First Name(s) 1 <sup>st</sup> Person	Middle Name(s) 1 <sup>st</sup> Person		Last Name(s) 1 <sup>st</sup> Person (maiden name if applicable)		
First Name(s) 2 <sup>nd</sup> Person	Middle Name(s) 2 <sup>nd</sup> Person		Last Name(s) 2 <sup>nd</sup> Person (maiden name if applicable)		
Check one: Certified copy Informational Copy Military/Veterans benefits (attach letter from VA)					
Requestor's Information:				1	
Your Name: Relationship to person(s) on certificate(s):					
Mail Copies to:	1. 1	0''	01-11-	7'- 0- 1-	
Address and apt. # if need	dea	City	State	Zip Code	
Daytime phone#:	time phone#: Reason for copy:				
I agree not to use the above reference record obtained from this application or any portion thereof, for fraudulent purposes.  I certify/declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Signature Date:					
The penalty of perjury statement on the next page must be signed before a notary public					
For office use only:  Reviewed by: Date:	# of copies:	Payment amount: \$		litary/Veteran	
		Processed by:		-	

## You should know:

(Notary Signature)

- Use a separate application form for each record you request.
- One notarized sworn statement is required for copies. The sworn statement below must show the name of each person on the certificate and your relationship to them.
- Notarization is not required for informational copies.
- To receive an official certified copy of this record you must be:
  - o On the certificate or be a parent, legal guardian/custodian, child, grandparent, grandchild, sibling, spouse/registered domestic partner, attorney for the individual/estate or representative of an adoption agency.

**Sworn Statement** \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, (Type/Print your name) 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, marriage, or death record for the following: Name on certificate(s) Your relationship to the person on the certificate Subscribed to this \_\_\_ \_day of \_ (City and State) (Day) (Month) Signature (You must sign before a Notary Public) Certificate of Acknowledgment 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. State of County of before me, \_\_\_\_\_\_, personally appeared \_\_, 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 forgoing paragraph is true and correct. WITNESS my hand and official seal

(Seal)