



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Please read instructions on back before completing this application.

REGISTRANT INFORMATION / INFORMACIÓN DEL REGISTRANTE					
Name given at birth/Nombre de nacimiento:					VITAL RECORDS USE ONLY
FIRST/PRIMERO	MIDDLE/SEGUNDO	LAST/APPELLIDO		File Number: _____	
Date of birth/Fecha de nacimiento:					
MONTH/MES	DAY/DÍA	YEAR/AÑO		Total Due: _____	
Hospital or Place of Birth Location/Hospital o Lugar de Nacimiento (must be in/debe estar en Long Beach):					
<input type="checkbox"/> MemorialCare Long Beach Medical Center <input type="checkbox"/> St. Mary Medical Center <input type="checkbox"/> Other Please specify: _____					
Name of Parent 1 at birth/Nombre de nacimiento de los padres #1:					Number of Copies: _____
Name of Parent 2 at birth/Nombre de nacimiento de los padres #2:					Reviewed by: _____
PURSUANT TO HEALTH AND SAFETY CODE 103526, THE FOLLOWING INDIVIDUALS ARE ENTITLED TO AN AUTHORIZED CERTIFIED COPY OF A BIRTH RECORD.					Searched: _____ _____ _____
I am related to the registrant as (check):					Date Issued: _____
<input type="checkbox"/> The parent or legal guardian of the registrant. <input type="checkbox"/> A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant. <input type="checkbox"/> An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. <input type="checkbox"/> None of the above/I am requesting an Informational Copy - Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.					CASHIER USE ONLY
AUTHORIZED COPIES ONLY / SOLO COPIAS AUTORIZADAS					Total Paid: _____
I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an AUTHORIZED certified copy of the birth record identified on this application form.					Payment Method: _____
SWORN this _____ day of _____, _____ at _____					Received by: _____
DAY/DÍA	MONTH/MES	YEAR/AÑO	CITY/STATE/CIUDAD/ESTADO		
Signature _____					
OBTAINING YOUR COPIES / OBTENER SUS COPIAS					
<input type="checkbox"/> Pick up/Recoger			<input type="checkbox"/> Mail/Correo		

Complete your information below / Escriba su información abajo

NAME/NOMBRE			EMAIL/CORREO ELECTRÓNICO	
STREET ADDRESS/DIRECCIÓN			PHONE NUMBER/TELÉFONO	
CITY/CIUDAD	STATE/ESTADO	ZIP CODE/CÓDIGO POSTAL	WHITE Original	PINK Client

REQUEST FOR BIRTH RECORD

This application must be submitted within one year of birth.

Instructions

1. ***For Authorized Copies only*** – If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Records staff. If you submit your request by mail, you must complete the *Certificate of Identity* form and sign it in the presence of a Notary Public.
Only one notarized Certificate of Identity form is required for multiple certificates requested at the same time; however, the form must include the name of each individual whose certificate you wish to obtain and your relationship to that individual. (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
2. Use a separate application form for each different record of birth or death for which you are requesting an **Authorized Copy** or **Informational Copy**. If submitting your request for an **Authorized Copy** by mail, remember to identify each certificate requested on the Certificate of Identity form.
3. Complete the Registrant Information section and give all the information you have available to identify the record in the spaces provided. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. If no record is found, Health and Safety Code (HSC) 103650 requires our office to retain the fee and issue a Certificate of No Public Record.
4. Submit the current fee for **each** certified copy requested. If you are mailing your application, indicate the number of certified copies being requested. Payment can be made in the form of a personal check, postal money order, or bank money order made payable to **Long Beach Department of Health and Human Services**. For out-of-country requests, only international money orders may be used. Mail this application with the fee(s) to:

Vital Records
Department of Health and Human Services
2525 Grand Avenue
Long Beach, CA 90815

The City of Long Beach cannot guarantee delivery of certificates by the U.S. Postal Service. To safeguard your certificates, it is recommended that a self-addressed, stamped envelope be included with your application.