



**READ AND COMPLETE THIS FORM PRIOR TO GETTING INTO THE ORDER LINE -
 YOU MUST SIGN THE SWORN STATEMENT IF YOU ARE REQUESTING A CERTIFIED COPY**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 WALK-UP COUNTER - VITAL RECORD REQUEST FOR **BIRTH** CERTIFICATE

Have you or the person listed on the certificate been adopted, legally changed the name on the original birth certificate, or had a gender reassignment? If so, this office will not have your certificate and you must request this from the State of California. This office only has access to records of those persons who were born or died in the City and/or County of San Francisco.

- Informational Copy Only** - CANNOT BE USED FOR IDENTIFICATION
- Certified Copy*** - I am eligible to request a certified copy because I am :
 - The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.
 - 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. (You must present documentation to support your relationship)
 - A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (*You must present documentation to substantiate that you are acting on official business. A business card is not substantiation. Companies representing a government agency must provide authorization from the government agency.*)
 - A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
 - 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. (*You must present documentation from the estate. A BAR card is not substantiation. If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.*)

YOUR NAME	TODAY'S DATE	TELEPHONE NUMBER ()
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SWORN STATEMENT – Certified Copy Only

I declare under penalty of perjury under the laws of the State of California, that I (Signature) _____, 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 or death record of the person listed below. I am the * _____ (relationship) of the following individual.

NUMBER OF COPIES _____ (\$25 PER COPY)

		DATE OF BIRTH
		MONTH DAY YEAR
BIRTH FIRST NAME:	BIRTH MIDDLE NAME:	BIRTH LAST NAME
MOTHER'S/PARENT'S FIRST NAME:	MOTHER'S/PARENT'S MIDDLE NAME:	MOTHER'S/PARENT'S MAIDEN (BIRTH) NAME
FATHER'S/PARENT'S FIRST NAME:	FATHER'S/PARENT'S MIDDLE NAME:	FATHER'S/PARENT'S LAST NAME

FOR OVR STAFF USE ONLY	ORDER #:	LFN:
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