INSTRUCTIONS FOR REQUESTING VITAL RECORDS

1. If you are requesting a **Certified Informational Copy**, complete only the Applicant Information and Registrant Information portions of this form.

2. If you are requesting a **Certified Authorized Copy**, complete the entire form and attach the notarized Sworn Statement. **NOTARIZATION NOT NECESSARY FOR APPLICATIONS IN PERSON AT OUR OFFICE.**

**PLEASE NOTE:** Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.

3. Use a separate form for each different record of birth for which you are requesting a copy. If you are requesting Certified Authorized copies, remember to identify each registrant on the sworn statement form.

4. Submit $29 for each copy requested. Health and Safety Code 10360. The fee for any search of the files and records performed by the custodian of the records for a **specific record when no certified copy is made shall be paid in advance by the applicant**. The fee shall be the same as the fee required in Section 103625.

5. If you want the order expedited, please enclose a pre-paid, pre-addressed expedited envelope from the courier (UPS, USPS) of your choice. Then, add an additional $30 for the expedited service fee to your total.

6. Government Requests: Health and Safety code 103660. A fee is required for making a certified copy of a vital record for any public entity, e.g. the State, the Regents of the University of California, a county, city, district, public authority, public agency, and any other political subdivision of public corporation in the State.

7. If you are mailing your request, payment must be in the form of a Money Order. **NO PERSONAL CHECKS, CASHIER’S CHECKS, OR CREDIT CARDS** made payable to SFDPH/OVR and mailed to:

   San Francisco Office of Vital Records
   101 Grove Street, Room 105
   San Francisco, CA 94102

**NOTE:** Only San Francisco births are available through this office. Adoptees and others with legal name changes may not be available through this office. You may contact:

   California State Office of Vital Records – M.S. 5103
   P.O. Box 997410 Sacramento, CA 95899-4710
   Phone: (916) 445-2684
I am: (Check the appropriate box below and circle the title, such as “child” or “attorney”)

☐ The registrant OR 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.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name of Person Completing Application

Today’s Date

Telephone Number – Area Code First

( )

Address – Number, Street

City

State

Zip

Email Address

Number of copies

$30 Expedite Fee

☐ Yes

☐ No

Total Amount Enclosed $ 

Name of Person/Agency receiving copies if different from applicant

Mailing Address (if different)

City, State, Zip Code

BIRTH INFORMATION (PLEASE PRINT LEGIBLY OR TYPE)

Registrant’s Name – First (Given)

Middle

Last (Family)

Mother’s First Name

Mother’s Maiden Name

Father’s Name

Date of Birth – Month, Day, Year

Were you adopted?

☐ Yes

☐ No

Did you Amend this record through the State of California at any time?

☐ Yes

☐ No

NOTE: Only San Francisco Births are available through this office

BIRTH RECORD APPLICATION
SAN FRANCISCO COUNTY OFFICE OF VITAL RECORDS
SWORN STATEMENT

I, _______________________________, swear under penalty of perjury under the laws of the State of California, that I
(Printed Name)
am an authorized person, as defined on Page One (1) of this request and am eligible to receive a certified copy of the
birth and/or death record of the following individual(s):

<table>
<thead>
<tr>
<th>Name of Person listed on Certificate</th>
<th>Relationship to Person listed on Certificate</th>
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I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_______________________________    ____________________________________________
(Date and Place)        (Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of
Acknowledgement below.

CERTIFICATE OF ACKNOWLEDGEMENT

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 _______________________________
on __________________________, before me, ___________________________________________________, Notary Public,
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 foregoing paragraph is true and correct.

WITNESS my hand and official seal,

_______________________________
(NOTARY SIGNATURE)

101 Grove Street, San Francisco, CA 94102