

## **Hugh Nguyen**

Orange County Clerk-Recorder
P.O. Box 238, Santa Ana, CA 92702
630 N. Broadway, Building 12, Rm. 106, 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 (no cash)

- •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 C  | Certificate \$21/copy | Single Status Certificate                                | \$15/copy Number               | of Copies              |  |  |  |  |
| First Name(s)  | Middle N              | Name(s)  | Last Nam                       | ne(s)                  |  |  |  |  |
| City of Birth/Death  | Date of Even          | t/Occurrence   | Mother's Maiden Name           | e (birth records only) |  |  |  |  |
| Check one:  Certified copy   | ☐ Informational Copy  | / Military/Veterans b                                    | enefits (attach letter fro     | m VA)                  |  |  |  |  |
| 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.  |                       |  |                                |                        |  |  |  |  |
|  | •                     | lesting a marriage certifice cannot locate the record yo |                                |                        |  |  |  |  |
| ☐Marriage Certificate \$15/copy  | Date of Marriage:     |  | Number of Co                   | ppies                  |  |  |  |  |
| First Name(s) 1 <sup>st</sup> Person   | Middle Name(s         | s) 1 <sup>st</sup> Person                                | Last Name(s) (maiden name if   |                        |  |  |  |  |
| First Name(s) 2 <sup>nd</sup> Person   | Middle Name(s         | s) 2 <sup>nd</sup> Person                                | Last Name(s)<br>(maiden name i |                        |  |  |  |  |
| Check one: Certified copy Informational Copy Military/Veterans benefits (attach letter from VA)  |                       |  |                                |                        |  |  |  |  |
| Requestor's Information:   |                       |  |                                |                        |  |  |  |  |
| Your Name:   | Re                    | lationship to person(s) or                               | n certificate(s):              |                        |  |  |  |  |
| Mail Copies to:  |                       |  |                                |                        |  |  |  |  |
| Address and apt. # if ne   | eded                  | City   | State                          | Zip Code               |  |  |  |  |
| Daytime 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: \$                                       | Exempt                         | Military/Veteran       |  |  |  |  |
| Check # Cash: Mone   | ey order #            | Processed by:  | Date Proces                    | sed:                   |  |  |  |  |

## 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.

**Sworn Statement** 

- 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.

| ,  | , declare unde  | er penalty of perjury u   | nder the laws of the State of California,  |         |
|--|---|---------------------------|--|---------|
| (Type/Print your na<br>am an authorized pers | ame)  | ealth and Safety Code     | e Section 103526(c), and am eligible to rece   | eive a  |
| Name on certificat                           | te(s)   | Your rela                 | tionship to the person on the certificat   | e       |
|  |   |                           |  |         |
|  |   |                           |  |         |
|  |   |                           |  |         |
|  |   |                           |  |         |
|  |   |                           |  |         |
|  |   |                           |  |         |
| Subscribed to this                           | day of  | , 20 at                   | (City and State)   |         |
| (Di  | ay) (Month)   | (Year)                    | (City and State)   |         |
|  | Signature (   | You must sign before a N  | latony Publich   |         |
|  |   | icate of Acknowled        |  |         |
|  | <u></u>   | Toute of Administration   | <u>iginene</u>   |         |
|  |   |                           | nly the identity of the individual who signed ness, accuracy, or validity of that document.  |         |
| State of                                     |   |                           |  |         |
| County of                                    |   |                           |  |         |
| On   | before me,  |                           | , personally appeared  |         |
|  |   | who proved to me on       | the basis of satisfactory evidence to be the per   | eon(e)  |
| ` '  | bscribed to the within instrument and that by his/her/their signature | and acknowledged to m     | the basic of datisfactory evidence to be the period that he/she/they executed the same in his/he ne person(s) or the entity upon behalf of which the | r/their |
| I certify under PENALTY                      | OF PERJURY under the laws of  | the State of California t | nat the forgoing paragraph is true and correct.  |         |
|  | WITNE   | SS my hand and officia    | l seal   |         |
|  |   |                           |  |         |
|  |   |                           |  |         |
|  |   |                           |  |         |

(Seal)