



MONO COUNTY APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

The California Health and Safety Code, Section 103526 permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate below whether you would like a Certified Copy or a Certified Informational Copy.

<input type="checkbox"/> I would like a CERTIFIED COPY of the record identified on this application. In order to receive a Certified Copy, you must indicate your relationship to the person named on the certificate by selecting from the list below. (Sworn Statement must be NOTARIZED if the application is submitted by mail.)	<input type="checkbox"/> I would like a Certified INFORMATIONAL COPY of the record identified on this application.
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To receive a certified copy, I am:

- The registrant**, 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.
- A member of a law enforcement agency** or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of 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.

APPLICANT INFORMATION (Please print or type)

Printed Name of Person Requesting Record	Phone Number	Daytime Contact #	Email address
Signature of Person Requesting Record	Today's Date	Person receiving copies, if not requestor	
Mailing Address	City	State	Zip

BIRTH CERTIFICATE INFORMATION (Please print or type)

Name on Certificate -	First	Middle	Last
City or Town of Birth	County of Birth	Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Father's Name -	First	Middle	Last
Mother's Name -	First	Middle	Last

INSTRUCTIONS

Number of Copies Requested. Send fee of **\$25** for each. Number of Copies ___ X \$25.00 = _____ Total \$ Sent

Send Sworn Statement. It must be notarized if application is mailed.

Mail Request and Payment to:

Mono County Vital Records
Attn: Debra
PO Box 237
Bridgeport, CA 93517

CLERKS USE ONLY	
Date copies mailed	_____
Certificates used	_____
Record Number	_____