

INSTRUCTIONS TO COMPLETE APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A BIRTH RECORD-\$19.00 PER COPY in ALAMEDA COUNTY

1	<p>Birth Certificate Information: Print or type number of copies requested. Print or type name of registrant. Print or type date of birth. Print or type city of birth. Print or type mother's maiden last name.</p>		
2	<p>Applicant Information: If you ordered online at the Alameda County website, please include the 13-digit Order Confirmation Number. Print or type name of person ordering copy. Print or type address where copy is to be sent. Post Office Box is <u>not</u> acceptable. We may need to contact you regarding your certificate order. Print or type telephone number of person ordering copy, including area code. Print or type your email address.</p>		
3	<p>Using the list below check the box next to the code section in Item #3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a birth record:</p> <p>103526(c)(1) The registrant or a parent or legal guardian of the registrant (Name on birth certificate)</p> <p>103526(c)(2) 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.</p> <p>103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business</p> <p>103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant</p> <p>103526(c)(5) 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</p> <p>103526(c)(6) Any funeral director or his/her agent, who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of Subdivision (a) of Section 7100 of the Health and Safety Code</p>		
4	<p>DO NOT COMPLETE THIS PART UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT IN ITEM 5. Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a birth record to complete and sign a sworn statement under penalty of perjury.</p>		
5	<p>Certificate of Acknowledgement Complete Items 1 to 3 on the front of this application, then take this form to a notary public. Complete and sign the sworn statement in Item 4 in the presence of the notary public. Request that the notary acknowledge your signature in the sworn statement in Item 4. Mail the original application, with Sections 4 and 5 completed, and the appropriate fee, to:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Alameda County Clerk-Recorder 1106 Madison Street Oakland, CA 94607 Telephone: 510.272.6362 </td> <td style="width: 50%; vertical-align: top;"> For Web and Phone Requests, Fax a Completed and Notarized Statement to: Fax: 510.208.9957 </td> </tr> </table>	Alameda County Clerk-Recorder 1106 Madison Street Oakland, CA 94607 Telephone: 510.272.6362	For Web and Phone Requests, Fax a Completed and Notarized Statement to: Fax: 510.208.9957
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**APPLICATION FOR UNRESTRICTED CERTIFIED COPY
OF A BIRTH RECORD-\$19.00 PER COPY in ALAMEDA COUNTY
PLEASE REVIEW THE INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1	<u>Birth Certificate Information (Registrant)</u>	Number of copies requested: _____
Birth Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First </div> Date of Birth: _____ City of Birth: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month/Day/ Year </div> Mother's Maiden Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last </div>		

2	<u>Applicant Information</u>	(If ordered online) Confirmation #: _____
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First </div> Shipping Address: _____ (P.O. Box <u>not</u> acceptable) Number and Street City State Zip Code Telephone Number: <u>()</u> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Area Code) </div> Email Address: _____		

3	To obtain an Unrestricted Certified Copy the applicant must be authorized under section 103526 of the Health and Safety Code. <u>Please review the reverse side of this application</u> to determine which section applies, then check the appropriate box below. <input type="checkbox"/> 103526(c)(1) <input type="checkbox"/> 103526(c)(2) <input type="checkbox"/> 103526(c)(3) <input type="checkbox"/> 103526(c)(4) <input type="checkbox"/> 103526(c)(5) <input type="checkbox"/> 103526(c)(6)
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4	I, _____, swear under penalty of perjury that I am an authorized person, as <div style="display: flex; justify-content: center; margin-left: 20px;"> (Print Applicant's Name) </div> defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth record identified on this application form. Sworn this ____ day of _____, 20_____, at _____ Signature: _____ <div style="display: flex; justify-content: center; margin-left: 20px;"> (City and State) </div>
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5	Acknowledgement State of _____ County of _____ On _____ before me, _____, personally appeared <div style="display: flex; justify-content: center; margin-left: 20px;"> (name and title of the officer) </div> _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person 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: _____ Signature of Notary Public (Notary Seal)
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Office use only: Reel/Image _____ Receipt # _____ Paper # _____ Clk Initials _____