



Amending A Birth Certificate After A Court Order Name Change



Upon request, this document will be made available in Braille, large print, audiocassette, or computer disk. To obtain a copy in one of these alternate formats, please call or write:

California Department of Public Health
Vital Records - M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410
Telephone: (916) 445-2684
California Relay: 711/1-800-735-2929

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx>

January 2014

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I want to change my name on my birth certificate. Can I do this without going to court?

No. The law does not allow us to completely change the registrant's name on a birth certificate unless the registrant has his or her name legally changed through the court process.

Only information that was **erroneously** entered **by the hospital staff** at the time of registration can be amended without going to court (documentation must be provided by the hospital to support the correction).

- We suggest you contact a family law attorney for legal advice in this matter. Our staff cannot provide legal advice, nor do we have information about the legal process.
 - There are also books available at bookstores or public libraries to help you with the court process.
 - You can also access the following website for additional information about the court process: www.courts.ca.gov.
-

My parents changed their names through the court process. How can I change their names on my birth certificate?

- The Court Order Name Change process can only be used to change the name of the person listed on the birth certificate. However, with documentation supporting their own court order name change, parents may add an amendment to the child's birth certificate showing their name changes as an AKA ("also known as").
- There is no additional fee required to include an AKA for one or both of the parents on the child's birth record, as long as the AKA paperwork (Affidavit to Amend a Record) is submitted with the paperwork to change the child's name.
- A sample Affidavit to Amend a Record is enclosed. If adding AKAs for **both** parents, this change can be combined on the same VS 24 form (Affidavit to Amend a Record), but a certified copy of the court order changing the name(s) of the parent(s) is required (supporting documentation must be included to support both AKAs).
- If the parent's name(s) was changed through the Naturalization process, photocopies of the Petition for Name Change from U.S. Citizenship and Immigration Services and the Certificate of Naturalization with the Department of Homeland Security seal are required.

(Continued)

My parents changed their names through the court process. How can I change their names on my birth certificate?

- On the VS 24 form for AKA, items 1 – A, B, and C should be the child’s “new” name (as listed on the VS 23 form, items 12 - A, B and C).
- The Court Order Name Change process cannot be used to **change** a parent listed on a child’s birth certificate. In order to change a parent listed, you must petition the Superior Court. For more information on this process, please call our Customer Service Unit at (916) 445-2684 and request our pamphlet entitled “Adjudication of Facts of Parentage” (or you can download the pamphlet from our website).

(Continued)

I was born in California, but I changed my name in another state. Are court orders from other states acceptable?

Yes. If you obtained your court order from a court in another state, the District of Columbia, or any territory of the United States, the order can be used to amend a California birth certificate. The court order **must** state the full birth name prior to and after the name change.

Exception: If you reside in Hawaii, we **cannot** accept a name change issued by the Office of the Lieutenant Governor, because it is an administrative procedure and does not comply with California law.

Residents of Hawaii must petition the court in Hawaii or another U.S. state or territory.

After I get the court order, what do I submit to amend my birth certificate?

- You will need to complete an Application for Amendment of Birth Record to Reflect Court Order Change of Name, VS 23 form.
- You **must** include a **certified** copy of the court order name change. The court order **must** state the full birth name prior to and after the name change. (See next section for explanation of “certified” copy.)

We do not return the court order after the amended birth certificate is prepared.

- Although this item **is not required**, it would help our staff if you could include a photocopy of the current birth certificate if you have it (this helps us identify the exact record to be amended).
- Mail the following items to our office using the address on the front of this pamphlet:
 - Completed VS 23 form.
 - \$23 fee.
 - **Certified** copy of the court order.
 - Photocopy of current birth certificate (if you have it).
- **If any of the required items are not included, your request will be returned to you for correction.**

What is a “certified” copy of the court order?

1. A “certified” copy of the court order must be a **copy** of the order that was originally prepared by the court. ***It cannot be an original printout.***

If the court gives you an original printout, please ask them to make a photocopy.

2. The photocopy that the court gives you must have:
 - a. An **original** court seal.
 - b. A signature (or signature stamp) of the judge.
 - c. A signature (or signature stamp) of the court clerk.

IMPORTANT:

- ✓ The “certified” copy must have an **original** court seal and a signature (or signature stamp) of the court clerk. It is the **original** seal and court clerk signature (certification) that make this a “certified” copy.
- ✓ Do not send us a copy where the court seal has been photocopied. The court seal must be an **original** seal.
- ✓ The court seal and signature must appear on the actual certified copy (either front or back) – and not on a blank sheet of paper.
- ✓ The “FILED / ENDORSED” stamp in the top right corner of the court order **is not** the court clerk’s certification.
- ✓ You should keep a photocopy of the court order for your own file.

What is the fee to amend a birth certificate after a court order name change?

- \$23 – which includes one Certified Copy of the new birth certificate.
- Additional copies are \$25 each.
- Fees should be paid by check or money order payable to **CDPH Vital Records**. International money orders for out-of-country requests should be payable in U.S. dollars.

Where can I get the VS 23 form?

Because the amendment document becomes part of the official record, it must be an **original** form (our office uses a special bond paper). **Photocopies are not acceptable.** One application form is included if you receive this pamphlet by mail. If you need additional copies of the VS 23 form, or are accessing this pamphlet on our website:

- Order forms electronically at:
<https://apps.cdph.ca.gov/AutoForm2/default.aspx?af=1184>.
Because of the volume of phone calls we receive, the internet is usually a faster process for our customers than calling our Customer Service Unit.
- Call our Customer Service Unit at (916) 445-2684.
- You can also get the form from the County Recorder or County Health Department in any California county.

How do I complete the VS 23 form?

A sample of what a completed form should look like is attached.

PART I:

- Complete the information **exactly** as it appears on the current birth certificate.

Note: If you need a copy of the current birth certificate to complete this section, you can get a copy by completing the Application for Certified Copy of Birth Certificate (attached) and submitting the application, notarized sworn statement, and \$25 fee to our office.

You do not need to complete the attached VS 111 (with Sworn Statement) unless you need to request a copy of the current birth certificate to help you complete the VS 23 form.

PART II:

- Enter the Superior Court information (county, case number, etc.) AND the new name as changed by the court order.

PART III:

- Complete items 13A-13G.
-

What makes a VS 23 form “acceptable?”

Important Information

Birth certificates are legal documents that must be able to hold up in any court, unchallenged as to their accuracy and reliability.

Because the amendment you submit becomes an actual part of this legal document, it must adhere to strict guidelines:

- Every item on the amendment must be completed.
- The amendment form must be an original, not a photocopy.
- Because the amendment form becomes part of the official record, every word and letter must be extremely clear and legible. ***Using a typewriter to complete the form ensures that the information is interpreted clearly.***
- If you are not able to type the amendment, it is extremely important that you take the extra time to print ***very clearly and legibly.*** Documents that are not legible will be returned to you to complete again.
- ***Only black ink is acceptable.***
- ***There cannot be any erasures, whiteout, or alterations.***

How long will it take to get my amended birth certificate?

The processing time for birth amendments can be located on our website at:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>.

Once I file the amendment, what happens to my original birth certificate?

- The original record remains unchanged, and the amendment becomes page 2 of the birth certificate – making it a two-page document (per Health and Safety Code Sections 102140 and 103255).
- Anyone receiving a copy after the amendment is applied will receive a copy of both documents.

What if I still have questions?

If you have read this pamphlet thoroughly and still have questions that were not answered, please call our Customer Service Unit at (916) 445-2684. If you are checking the status of your request, please wait until after the processing time has passed before contacting us.

Note to Customer:

*We cannot process your request unless you complete **both sides** of the enclosed amendment form. The information on both sides is important information for our records, and **both sides must be completed in order to process your request.** Thank you.*

* * *

AMENDMENT OF BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES A PART OF THE OFFICIAL BIRTH RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL BIRTH RECORD	1A. NAME—FIRST		1B. MIDDLE		1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY		4A. CITY OF BIRTH		4B. COUNTY OF BIRTH	
	5A. FULL NAME OF FATHER/PARENT—FIRST			5B. MIDDLE		5C. LAST (BIRTH)	
	6A. FULL NAME OF MOTHER/PARENT—FIRST			6B. MIDDLE		6C. LAST (BIRTH)	

PART II COURT ORDER INFORMATION

GENERAL INFORMATION	7. NAME OF COURT			8. COURT CASE NUMBER		
	9. COUNTY		10. STATE		11. DATE OF COURT ORDER—MM/DD/CCYY	
NEW NAME OF INDIVIDUAL AS CHANGED BY COURT ORDER	12A. FIRST		12B. MIDDLE		12C. LAST	

PART III AFFIDAVIT AND SIGNATURE

USE BLACK INK ONLY	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE INDIVIDUAL IDENTIFIED IN PART I WAS CHANGED BY COURT ORDER AS STATED IN PART II.					
	13A. SIGNATURE OF APPLICANT		13B. PRINTED NAME		13C. DATE SIGNED—MM/DD/CCYY	
	13D. ADDRESS—STREET and NUMBER			13E. CITY		13F. STATE
13G. ZIP CODE						

STATE REGISTRAR USE ONLY	THIS IS TO CERTIFY THAT THE OFFICE OF VITAL RECORDS HAS REVIEWED A CERTIFIED COPY OF THE COURT ORDER DESCRIBED IN PART II AND HAS ACCEPTED THIS AMENDMENT TO THE BIRTH RECORD AS PROVIDED BY STATUTE.					
	14. OFFICE OF VITAL RECORDS			15. DATE ACCEPTED FOR REGISTRATION		

APPLICATION TO AMEND A BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

TYPE OR PRINT CLEARLY IN BLACK INK ONLY
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

I hereby make application to amend the birth certificate for the individual identified. A fee is required to file the amendment, but the fee includes one certified copy of the newly amended record. There is a fee for each additional copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at www.cdph.ca.gov.

Enclosed is the fee of \$ _____ for filing the amendment and one certified copy of the newly amended record.

Enclosed is the fee of \$ _____ for an additional certified copy(ies) of the newly amended birth record.

Printed Name of Applicant _____

Mailing Address of Applicant _____

Telephone Number () _____

City, State, ZIP Code _____

SAMPLE

GENERAL INFORMATION

1. The original certificate cannot be altered.
2. ***This amendment becomes a part of the original record, so please type or print clearly in black ink only.***
3. Please submit original amendment form only. Photocopies of the amendment form will be rejected.
4. Your certified copy will include a copy of the original certificate with a copy of the amendment.
5. **The certified copy of the certificate and the attached amendment must remain together for the certified copy to be valid.**

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

1. ***This form becomes a part of the original record – type or print clearly in black ink only.***
2. No erasures, whiteouts, photocopies, or alterations allowed.
3. Complete Part I, Items 1A – 6C, with the information as it appears on the original certificate.
4. Complete Part II, Items 7 – 11, with the court order information.
5. Enter the new name(s) in Items 12A – 12C EXACTLY as stated in the court order.
6. The applicant must sign in Item 13A, print his/her name in Item 13B, enter the date signed in Item 13C, and complete the address information in Items 13D – 13GF.
7. Do not complete items 14 or 15. This space is reserved for State Registrar use only.
8. Make check or money order payable to the Office of Vital Records. When all paperwork is properly completed and signed, mail the form, the required fee(s), and a certified copy of the court order to:

California Department of Public Health
Office of Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST	1B. MIDDLE	1C. LAST	
	2. SEX	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD	
	SAMPLE			

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE			

REASON FOR CORRECTION	11. _____
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We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	12A. SIGNATURE OF FIRST PERSON	12B. PRINTED NAME	12C. TITLE/RELATIONSHIP TO PERSON IN PART I
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		12E. DATE SIGNED—MM/DD/CCYY
	13A. SIGNATURE OF SECOND PERSON	13B. PRINTED NAME	13C. TITLE/RELATIONSHIP TO PERSON IN PART I
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		13E. DATE SIGNED—MM/DD/CCYY

STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	15. DATE ACCEPTED FOR REGISTRATION

APPLICATION TO AMEND A RECORD

TYPE OR PRINT CLEARLY IN BLACK INK ONLY
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

If an *acceptable* application to amend the record is registered within one year of the date of the event, there is no processing fee; however, there is a fee required for a certified copy.

Enclosed is the fee of \$ _____ for a certified copy of the newly amended record.

If an *acceptable* application to amend the record is registered one year or more after the date of the event, there is a fee for filing the affidavit, which includes one certified copy. There is a fee for each additional certified copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at www.cdph.ca.gov.

Enclosed is the fee of \$ _____ for filing the affidavit and one certified copy of the newly amended record.

Enclosed is the fee of \$ _____ for an additional certified copy(ies) of the newly amended record.

Printed Name of Applicant _____

Mailing Address of Applicant _____

Telephone Number () _____

City, State, ZIP Code _____

GENERAL INFORMATION

1. The original certificate cannot be altered.
2. ***This amendment becomes a part of the original record, so please type or print clearly in black ink only.***
3. Please submit original amendment form only. Photocopies of the amendment form will be rejected.
4. Your certified copy will include a copy of the original certificate with a copy of the amendment.
5. ***The certified copy of the certificate and the attached amendment must remain together for the certified copy to be valid.***

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

1. ***This form becomes a part of the original record – type or print clearly in black ink only.***
2. No erasures, whiteouts, photocopies, or alterations allowed.
3. Complete Part I, Items 1 – 7, with the information as it appears on the original certificate.
4. Enter the certificate item number(s) to be corrected, either from the original or subsequent amendment, in Part II—Item 8. List one item per line.
5. Enter the incorrect information that appears on the original certificate in the line(s) provided below Item 9.
6. In Item 10, enter the correct information as it should appear for each item listed in Item 9.
7. Enter the reason for the correction in Item 11.
8. Read the affidavit statement. Two persons who are certifying to the statement of corrections must sign the form.
9. Do not write in Items 14 or 15. This space is reserved for State or Local Registrar use only.
10. Make check or money order payable to the Office of Vital Records. When the paperwork is properly completed and signed by two parties, return this form, together with the required fee(s), to:

California Department of Public Health
Office of Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **“Informational, Not A Valid Document to Establish Identity.”**

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.” (A Sworn Statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

Fee: **\$25 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. **(Legal guardian must provide documentation.)**
- 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. **(Please include a copy of the court order.)**
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(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.
- Appointed rights in a power of attorney, or an executor of the registrant’s estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

PLEASE ATTACH CHECK HERE

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today’s Date:

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – DO NOT SEND CASH		Number of Copies
		\$ _____ Check \$ _____ Money Order		
City		Name of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ()	Country	City	State	ZIP Code

BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted: No Yes (If Yes, see #4 on Page 2)
Complete the information below as shown on the birth record, to the best of your knowledge.

FIRST Name		MIDDLE Name	LAST Name	
City of Birth (must be in California)			County of Birth	
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex ___Female ___Male	
Father/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	
Mother/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	

INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal name on the birth record.

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

Confidential Information on Birth Record: some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of our website at: www.cdph.ca.gov. Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

5. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

6. Submit \$25 for **each** copy requested. If no birth record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

7. Mail completed applications with the fee(s) to:

California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

BIRTH

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SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Applicant’s Printed Name)

that I 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, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant’s Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant’s Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
 (insert name and title of the officer)

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.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC

CALIFORNIA COUNTY RECORDERS

Alameda.....	1106 Madison Street, First Floor, Oakland, CA 94607, (510) 272-6362
Alpine.....	P.O. Box 155, Markleeville, CA 96120, (530) 694-2283
Amador.....	810 Court Street, Jackson, CA 95642, (209) 223-6468
Butte.....	25 County Center Drive, Suite 105, Oroville, CA 95965, (530) 538-7691
Calaveras.....	891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372
Colusa.....	546 Jay Street, Suite 200, Colusa, CA 95932, (530) 458-0500
Contra Costa.....	555 Escobar Street, or P.O. Box 350, Martinez, CA 94553, (925) 335-7900
Del Norte.....	981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216
El Dorado.....	360 Fair Lane, Placerville, CA 95667, (530) 621-5490
Fresno.....	2281 Tulare Street, Room 302, or P.O. Box 766, Fresno, CA 93712, (559) 600-3476
Glenn.....	516 West Sycamore Street, Second Floor, Willows, CA 95988, (530) 934-6412
Humboldt.....	825 Fifth Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382
Imperial.....	940 West Main Street, Suite 202, El Centro, CA 92243, (760) 482-4272
Inyo.....	168 North Edwards Street, or P.O. Drawer F, Independence, CA 93526, (760) 878-0222
Kern.....	1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6400
Kings.....	Government Center, 1400 West Lacey Boulevard, Hanford, CA 93230, (559) 582-3211, ext. 2470
Lake.....	Courthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293
Lassen.....	220 South Lassen Street, Suite 5, Susanville, CA 96130, (530) 251-8234
Los Angeles.....	12400 Imperial Highway, Room 1002, Norwalk, CA 90650, (562) 462-2137 or 2101 or 2102
Madera.....	200 West Fourth Street, Madera, CA 93637, (559) 675-7724
Marin.....	3501 Civic Center Drive, Room 234, San Rafael, CA 94903, (415) 473-6094
Mariposa.....	4982 Tenth Street, or P.O. Box 35, Mariposa, CA 95338, (209) 966-5719
Mendocino.....	501 Low Gap Road, Room 1020, Ukiah, CA 95482, (707) 463-4376
Merced.....	2222 M Street, Merced, CA 95340, (209) 385-7627
Modoc.....	108 E. Modoc Street, Alturas, CA 96101, (530) 233-6205
Mono.....	74 School Street, Annex 1, or P.O. Box 237, Bridgeport, CA 93517, (760) 932-5530
Monterey.....	168 West Alisal Street, First Floor, or P.O. Box 29, Salinas, CA 93902-0570, (831) 755-5041
Napa.....	900 Coombs Street, Room 116, or P.O. Box 298, Napa, CA 94559-0298, (707) 253-4105
Nevada.....	950 Maidu Avenue, Suite 210, Nevada City, CA 95959, (530) 265-1221
Orange.....	12 Civic Center Plaza, Room 101, Santa Ana, CA 92701, (714) 834-2500
Placer.....	2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600
Plumas.....	520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218 or (530) 283-6256
Riverside.....	2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92502-0751, (951) 486-7000
Sacramento.....	600 Eighth Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334
San Benito.....	County Courthouse, 440 Fifth Street, Room 206, Hollister, CA 95023-3896, (831) 636-4046
San Bernardino.....	222 West Hospitality Lane, First Floor, San Bernardino, CA 92415-0022, (855) 732-2575
San Diego.....	1600 Pacific Highway, Suite 260, San Diego, CA 92101, (619) 237-0502
San Francisco.....	One Dr. Carlton B. Goodlett Place, City Hall, Room 190, San Francisco, CA 94102, (415) 554-5596*
San Francisco Health Dept.....	101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-2700**
San Joaquin.....	44 North San Joaquin Street, Suite 260, or P.O. Box 1968, Stockton, CA 95201-1968, (209) 468-3939
San Luis Obispo.....	1055 Monterey Street, Room D120, San Luis Obispo, CA 93408, (805) 781-5080
San Mateo.....	555 County Center, First Floor, Redwood City, CA 94063-1665, (650) 363-4500
Santa Barbara.....	1100 Anacapa Street, or P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250
Santa Clara.....	70 West Hedding Street, San Jose, CA 95110, (408) 299-5688
Santa Cruz.....	701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800
Shasta.....	1450 Court Street, Suite 208, Redding, CA 96001-1670, (530) 225-5678
Sierra.....	100 Courthouse Square, Room 11, or P.O. Drawer D, Downieville, CA 95936, (530) 289-3295
Siskiyou.....	311 Fourth Street, Room 108, Yreka, CA 96097, (530) 842-8065
Solano.....	675 Texas Street, Suite 2700, Fairfield, CA 94533-6338, (707) 784-6294
Sonoma.....	585 Fiscal Dive, Room 103-F, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2651
Stanislaus.....	1021 I Street, Suite 101, Modesto, CA 95354-0847, (209) 525-5250
Sutter.....	433 Second Street, Yuba City, CA 95991, (530) 822-7134
Tehama.....	633 Washington Street, Room 11, or P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350
Trinity.....	11 Court Street, or P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215
Tulare.....	County Civic Center, 221 South Mooney Boulevard, Room 103, Visalia, CA 93291, (559) 636-5050
Tuolumne.....	2 South Green Street, Sonora, CA 95370, (209) 533-5531
Ventura.....	800 South Victoria Avenue, Ventura, CA 93009-1260, (805) 654-3665
Yolo.....	625 Court Street, Room B01, or P.O. Box 1130, Woodland, CA 95776-1130, (530) 666-8130
Yuba.....	915 Eighth Street, Suite 107, Marysville, CA 95901, (530) 749-7851

* Public Marriages

** Birth and Death Certificates