



NEVADA COUNTY
Public Health

**IN-PERSON APPLICATION FOR AUTHORIZED
CERTIFIED COPY OF A BIRTH RECORD**
(Only for births that occurred in Nevada County)

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1	<p>Birth Certificate Information: Number of copies requested: _____</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div> </p> <p>Date of Birth: _____ City of Birth: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Month, Day, Year </div> </p> <p>Father's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div> </p> <p>Mother's Maiden Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div> </p>
2	<p>Applicant Information:</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div> </p> <p>Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Number and Street City State Zip Code </div> </p> <p>Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> If different than above Number and Street City State Zip Code </div> </p> <p>Telephone Number: _(____) _____ With Area Code</p>
3	<p>To obtain an Authorized Certified Copy you must check the appropriate box below: I am:</p> <p><input type="checkbox"/> The registrant or a parent, legal guardian, grandparent or sibling of the registrant.</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business</p>
4	<p>I, _____ swear under penalty of perjury that I am an authorized person, as <div style="display: flex; justify-content: center; width: 100%;"> Printed 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.</p> <p>Sworn this ____ day of _____, _____, at _____ Grass Valley, CA _____</p> <p>Signature: _____</p>
<p>Office use only: Certificate # _____ Paper # _____ Deputy _____</p> <p style="text-align: right;">Received: _____</p>	

INSTRUCTIONS FOR AUTHORIZED CERTIFIED COPY OF A BIRTH RECORD

1	Certificate Information: Print or type number of copies requested Print or type name of registrant/decedent Print or type date of birth/death Print or type city of birth/death Print or type father's name Print or type mother's maiden name
2	Applicant Information: Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different then address above Print or type telephone number of person ordering copy, including area code
3	If you need a certified copy to obtain a driver's license, passport, or register for insurance coverage you should not use a restricted certified copy of a birth or death record. Please refer to information on unrestricted certified copies.
4	Applicant signs and dates application in the appropriate spaces.

NOTE: **Records are available only for births that occurred in Nevada County.**

When ordering by mail, send original application and appropriate fees with check payable to:

Nevada County Vital Records
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945
(530) 265-7264