



Application for an Orange County Vital Record

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Health Officer, Orange County, CA

INFORMATION: Births and Deaths that occurred within past 60 days of event can be purchased from our office in person or by mail. All marriages, and births and deaths more than 60 days from date of event must be purchased from the Orange County Clerk Recorder's Office, 12 Civic Center Plaza, Room #106, Santa Ana, CA 92702. Telephone: (714) 834-2500 Website: www.ocrecorder.com

INSTRUCTIONS: Use a separate blank application for **each** record requested. **All sections must be completed in their entirety.** Please send the appropriate fee for each certified copy requested. If no record is found, the fee will be retained for searching as required by statute and a "Certification of No Record" will be sent.

PAYMENT OPTIONS:

Mail orders – Include with this application a personal check or postal or bank money order, made payable to "COHCA". Mail this application along with the fee to the Orange County Health Care Agency, P.O. Box, 234 Santa Ana, CA 92702-0234 or 1200 N. Main St. Ste.100-A, Santa Ana, CA 92701 (**use street address, Not P.O. Box for same day delivery envelopes**). **Please include a self-addressed postage paid No. 10 envelope.**

Walk-in customers – **Same day service** 1200 N. Main St. Ste.100-A, Santa Ana, CA 92701. Cash, Check or Money Order only. Telephone: (714) 480-6700, Website: <https://cms.ocgov.com/gov/health/phs/about/dcepi/bd/default.asp>

CERTIFICATE INFORMATION – PLEASE PRINT LEGIBLY OR TYPE

1. Give all the information you have available for the identification of the record. If the information you furnish is incomplete or not accurate, it may be impossible to locate the record.
2. The Health Care Agency may provide a certified copy of a record to an authorized person only. The law describes an authorized person as a Parent or legal guardian, a child, grandparent, grandchild, sibling, spouse or domestic partner. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Section 103526), the Health Care Agency may only issue an informational certified copy of the record with a legend stating "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.**" This section of the application must be completed **prior to submission** and no refund or exchanges will be made after the copy has been issued. Please indicate the type of record you are requesting. Select one of the following:

BIRTH (\$28.00)	DEATH (\$21.00)	FETAL DEATH (\$18.00)
	<input type="checkbox"/> With Causes <input type="checkbox"/> With Causes Pending	

Name of Person (s) on the Record– First Name			Middle Name			Last Name		
City or Town of Occurrence/Hospital			Date of Birth or Death (If unknown, enter approximate date)			Mother's Maiden Name		
Indicate "Certified" Copy or "Informational" Copy			Has the document ever been amended? (Y/N) If yes # of pages			Number of Copies Requesting		

APPLICANT INFORMATION – PLEASE PRINT LEGIBLY OR TYPE

1. When **Appearing In Person** – Orange County requires government issued photo identification. You will need to sign the application under penalty of perjury **in front of** a member of our staff.
2. **Mail Requests** - You will need to sign the penalty of perjury statement on the reverse side of this form **in front of a notary public.**

Purpose for Which Certificate is to Be Used				Your Relationship to the Person on the Record					
Name of Person Requesting Certificate				Daytime Telephone Number – Area Code First					
Address – Number, Street, and Unit # (if applicable)				City		State		Zip Code	

I agree not to use the above referenced record obtained from this application or any portion thereof, for fraudulent purposes. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ Date

_____ Signature

BELOW SECTION FOR COUNTY USE ONLY

Local Registration Number			Amendment Number(s)			Bank Note Paper Number(s)		
Date Processed	Circle One Cash Check	Circle One Counter Mail	Type of I.D./Identifying Numbers				Clerk Receiving Application	

Received # _____ Sheets			Verify ID, Return \$ _____ in Change and Handout Certified Copies					
Received \$ _____ in Change			Customer's Initials _____			Employee's Initials _____		

SWORN STATEMENT

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

State of California, 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 or death record 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 Office of 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. Only one notarized statement is required per order not per certificate. (Law enforcement and local and state government agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual, who signed the document which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California _____)

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