



BIRTH CERTIFICATE APPLICATION FORM
 Only records 2 years from the date of event (must have occurred in the City of Berkeley) will be issued

FEE PER COPY* IS \$31.00

Select one option if requesting in person: Pickup
 * Fees collected are NON-REFUNDABLE Mail it to applicant

***Certified Copy (Authorized persons only)**
 A certified copy can be used to establish the identity of the person named on the copy.

1 BIRTH CERTIFICATE INFORMATION (REGISTRANT) BN#: LRN:

| | | | |
|---|-------------|---|---|
| First Name | Middle Name | Last Name | Date of Birth |
| City of Birth Berkeley Only No refund if record not found | Gender | Person who gave birth's Premarried Name | Record Amended? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| No. of Copies | | | |

2 APPLICANT INFORMATION (REQUESTOR) (PRINT CLEARLY)

| | | | |
|----------------------------------|-------------|-----------|--------------------------------------|
| First Name | Middle Name | Last Name | YOUR Relationship to the registrant? |
| Mailing Address (Number, Street) | | Apt#/Unit | Telephone Number () |
| City | State | Zip Code | Country (If outside of USA) |

3 SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the 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 record of the individual named above.

Sworn on (date): ____/____/____,
MM DD YYYY

At the city of _____, _____
 (Signature) (Please wait to sign in front of a clerk)

4 CERTIFICATE OF ACKNOWLEDGMENT (REQUIRED FOR INTERNET OR MAIL REQUESTS ONLY)

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

State of _____ County of _____

On ____/____/____ before me, _____ (Officer's name), personally appeared _____, 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.

 NOTARY SIGNATURE

PLEASE USE INK SEAL

 NOTARY USE ONLY

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WHO MAY APPLY?

- The registrant
- Parent or court assigned legal guardian of the registrant
- Grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with 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
- Governmental agency conducting official business
- An attorney representing the registrant/the registrant's estate.
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant/the registrant's estate.

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INSTRUCTIONS**In person:**

- Complete Items 1 through 3 (**wait to sign in the presence of a clerk**).
- Have your payment and ID ready when you get to the counter. **No refunds will be issued for events occurring outside of Berkeley.**

By Mail:

- Complete Items 1 through 4. **PLEASE NOTE: Item 3 must be signed in the presence of a Notary Public.**
- Notarize the application.
- Enclose the fee amount (do not mail cash). (You must send the fee for each certified copy requested).
- Mail the request to: **City of Berkeley – Office of Vital Statistics, 1947 Center St - Berkeley, CA 94704**

By Internet:

- Visit www.vitalchek.com to place your order for **records two years from date of event occurring in the City of Berkeley.**
- Look for a confirmation email (Authorization Form attached) sent to you by VitalChek.com.
- Print/Complete the Authorization Form and have it notarized. (Ink seal only)
- Fax the Authorization Form to the number listed on the upper left corner of it.
- After that, just wait to receive your order by the carrier you picked.
- Just as a reminder: VitalChek charges a fee for their services. Please check their website for the current fee.

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ADDITIONAL INFORMATION

Note: The City of Berkeley only maintains records for 2 years from the date of event. All other records need to be obtained from the Alameda County Clerk-Recorder's office.

- If no record is found, a search fee will be retained as required by statute and a "**Certificate of No Record**" will be issued.
- Processing time is **2-3 weeks** from the receiving date of your request.
- Use a separate application form for each individual.
- Only one notarized sworn statement is required when requesting multiple certificates at the same time. Simply list all the names on your sworn statement.
- If the registrant has been adopted, please fill out the request with the **adopted name**.
- Forms of payment accepted by mail:
 - Personal check (pre-printed by the bank with name and address)
 - Postal or bank money order (International Money Order only for out-of-country requests)
- Make checks and money orders payable to: **City of Berkeley**

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NOTICE

If you applied by mail and did not receive the requested certificate(s), you must file a claim with our office within 3 months of your original request. After 3 months, our office will not accept any claims of lost mail and you will have to submit another notarized request with the required fee.

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CONTACT INFORMATION

City of Berkeley - Office of Vital Statistics
1947 Center Street Berkeley, CA 94704

www.cityofberkeley.info/vitalstatistics, vitalrecords@cityofberkeley.info

Telephone: (510) 981-5320 - Fax: (510) 981-5395