



**Birth and Death Registration**  
**1200 North Main Street, Suite 100A, Santa Ana, CA 92701**

**APPLICATION FOR VITAL RECORD**

- ▶ Allow 10 business days after the birth or death event for record registration and availability.
- ▶ If no record is found, Health and Safety Code (H&SC) 103650 requires our office to retain the fee and issue a Certificate of No Public Record.
- ▶ **FOR MAIL REQUESTS: A SELF-ADDRESSED, STAMPED ENVELOPE AND A NOTARIZED SWORN STATEMENT ARE REQUIRED (notarized sworn statement is not required for funeral establishments or government agencies).**
- ▶ Make checks payable to the **Orange County Health Care Agency (OCHCA)**

**1. TYPE OF VITAL RECORD (check one)**

<input type="checkbox"/> <b>BIRTH \$28 each</b>	<input type="checkbox"/> <b>DEATH \$21 each</b>	<input type="checkbox"/> <b>FETAL DEATH \$18 each</b>
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**2. INFORMATION TO LOCATE RECORD (complete ALL fields)**

First Name	Middle Name	Last Name
Date of Event	City of Occurrence	Mother's Maiden Name

**3. TO RECEIVE AN AUTHORIZED CERTIFIED COPY, I AM (check one) (Health and Safety Code 103526)**

- The registrant (person listed on the certificate) or 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 Sections 3140 or 7603 of the Family Code (**Include copy of court order**)
- A member of law enforcement or a representative of another government agency, as provided by law, who is conducting official business (**Companies representing a government agency must provide authorization from 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's estate (**Attorneys must provide State Bar Card. Court order appointed must provide legal documentation.**)
- Appointed rights in power of attorney or an executor of the registrant's estate (**Provide a copy of the power of attorney or supporting documentation identifying you as executor**)
- An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of death certificates on behalf of individuals specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of H&SC
- None of the above apply; I understand that I will receive an **INFORMATIONAL** Certified Copy.

4. CUSTOMER INFORMATION (including funeral staff)	FOR FUNERAL ESTABLISHMENT USE ONLY
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Person Requesting Certificate	Establishment Name:
Address <span style="float: right;">Apt/Unit/Suite</span>	Check one: <input type="checkbox"/> Certificates will be picked up by funeral establishment employee <input type="checkbox"/> Mail Certificates (include stamped envelope)
City	Mail Certificate(s) to:
State <span style="float: right;">Zip Code</span>	Address <span style="float: right;">Apt/Unit/Suite</span>
Phone	City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>

**5. CERTIFIED COPIES**

Number of Certified Copies requesting:	Registration Number (Not the EDRS Number)
Has the Record been Amended (corrected/changed)? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If applicable, complete this section:</b> Causes Pending Investigation, issue: <input type="checkbox"/> Pending <input type="checkbox"/> With Final Causes

**6. SWORN STATEMENT OF CUSTOMER**

Record Amended, issue with: <input type="checkbox"/> General Amend <input type="checkbox"/> Physician/Coroner Amend
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I, \_\_\_\_\_, declare 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 for the registrant identified on this application.

\_\_\_\_\_

Signature \_\_\_\_\_ Date

**FOR COUNTY USE ONLY**

Amount received \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> M/O <input type="checkbox"/> Credit	Date:	LRN:	Processed by:
	BN Paper #		Verified by:

Customer Received	Funeral Establishment Pick-up
_____ # Issued \$ _____ in Change _____ Initials	_____ Initials _____ Date



COMPLETE ONLY FOR APPLICATIONS SUBMITTED BY MAIL

SWORN STATEMENT

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California that I am an
(Applicant's Printed Name)
authorized person, as defined in California Health and Safety Code Section 103526 (c), and I am eligible to receive a certified copy of
the birth or death record of the following individual(s):

Table with 2 columns: 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 Acknowledgement
The Certificate of Acknowledgment must be completed by a Notary Public. Only one notarized statement is required per order.
(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

**BIRTH AND DEATH REGISTRATION**  
**1200 N. Main St., #100A, Santa Ana, CA 92701**

**APPLICATION FOR VITAL RECORDS INSTRUCTION SHEET**

**AVAILABILITY OF RECORD**

- Allow 10 business days after the birth or death event for the record registration and availability for purchase.
- **Please note:** Per Health and Safety Code 103650, if no record is found during a search for the record, the fee will be retained and a *Certificate of No Public Record* will be issued.
- If the birth or death event took place more than 30 days ago, the record can also be purchased at the County of Orange Clerk-Recorder's Office. For more information, visit [www.ocrecorder.com](http://www.ocrecorder.com).

**COMPLETING THE FORM**

**Section 1: Type of Vital Record**

- Check the box of the type of vital record being requested.

**Section 2: Information to Locate the Record**

- Enter the information of the person listed on the vital record being requested.

**Section 3: Authorized Certified Copy or Informational Certified Copy**

- Check the box that applies to you to determine whether you can obtain an Authorized Certified Copy or Informational Certified Copy of the vital record. Per Health and Safety Code 103526, an Authorized Certified Copy of vital record can only be obtained by the individual named on the record, the parents of the individual named on the record and certain other individuals or entities specified by law. All other requestors can only obtain Informational Certified Copies which cannot be used to establish identity.
- If this section is not completed, the application will be returned.

**Section 4: Customer Information**

- Enter the information of the person making the request.

**Section 5: Certified Copies**

- Enter the number of copies you are requesting.
- Check the box that applies to acknowledge if record has been amended (corrected or changed).

**Section 6: Sworn Statement**

The applicant requesting the record, must sign the sworn statement declaring under penalty of perjury that they are eligible to receive an Authorized Certified Copy of the vital record as identified in Section 3 of the application. If mailing the application, a **notarized** sworn statement is required.

**MAIL-IN APPLICATIONS**

- If you are applying for a record via mail, a **notarized sworn statement** is required with your application.
- Please include a stamped, self-addressed envelope with your application.
- We only accept checks or money orders through the mail. Do not send cash. Make checks payable to: **Orange County Health Care Agency (OCHCA)**
- Mail application to:  
Birth and Death Registration  
1200 North Main Street, Suite 100A  
Santa Ana, CA 92701

**AUTHENTICATION BY APOSTILLE OR CERTIFICATION**

- The California Secretary of State provides authentication of public official signatures on documents to be used outside the United States of America. The country of destination determines whether the authentication is an Apostille or Certification. If you are seeking a Birth Certificate for use in a foreign country, please obtain a certified copy from the Orange County Clerk-Recorder's Office ([www.ocrecorder.com](http://www.ocrecorder.com)) to avoid the extra fee for authentication.