



A Tradition of Stewardship
A Commitment to Service

JOHN TUTEUR
Napa County Recorder-County Clerk
1127 First St Ste. A
Napa CA 94559
707-253-4247

APPLICATION FOR CERTIFIED COPY

INFORMATION: Napa County only has records of birth and deaths that occurred in Napa County or marriage licenses that were purchased in Napa County. For events that did not occur in Napa County, you must contact the county where the event occurred.

INSTRUCTIONS: Complete a separate application for each type of record requested. All sections must be completed in their entirety.

1. This application must be completed prior to conducting a search for the record and no refunds or exchanges will be made once the copy(ies) has been issued. Provide all the information you have available for the identification of the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
2. The County Recorder may provide a certified copy of a vital record to an authorized person only. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Sections 7100 and 103526), the County Recorder may only issue an informational certified copy with a legend stating **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

BIRTH Certificate **DEATH** Certificate **MARRIAGE** Certificate

CERTIFICATE INFORMATION - PLEASE INDICATE ABOVE THE TYPE OF CERTIFICATE REQUESTED PRINT LEGIBLY OR TYPE ALL INFORMATION BELOW:					
Name on Certificate – First Name		Middle Name		Last Name	
2nd Name on Certificate (Marriage only) – First Name		Middle Name (Marriage only)		Last Name – Prior to Marriage (Marriage only)	
Maiden Name of Parent (Birth & Death Certificates only)			Maiden Name of Parent (Birth & Death Certificates only)		
Gender (Birth Certificate only)	City or Town of Event	Date of Birth, Death or Marriage		No. of Copies Requested:	
APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE					
Name of Person Completing Application			Relationship to Person Above		Telephone Number
Address – Number, Street & Unit			City	State	Zip Code
<input type="checkbox"/> Informational Copies - I agree not to use the vital record obtained from this application or any portion thereof, for fraudulent purposes. <input type="checkbox"/> Authorized Copies - I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Sections 7100 and 103526. 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 RECORDER'S USE ONLY					
Local Registration Number	Counter <input type="checkbox"/>		Mail <input type="checkbox"/>		Banknote Paper Number(s)
Date Processed	Auth. Copy <input type="checkbox"/>	Info. Copy <input type="checkbox"/>	Cert. No Record <input type="checkbox"/>		Initials

APPLICATIONS FOR INFORMATIONAL COPIES DO NOT REQUIRE NOTARIZATION

Complete the application by signing and dating on page one, only.

CERTIFIED COPIES FOR AUTHORIZED PERSONS:

This sworn statement must be signed in front of and acknowledged by a notary public prior to submission. Please Note: When submitting multiple certificate requests, all must be signed; however, only one request needs to be acknowledged.

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of
(Print Name)

the State of California, that I am an authorized person, as defined in California Health and Safety Code Sections 7100 and 103526 (c), and am eligible to receive a certified copy of the birth, death or marriage record as noted on the preceding page – and for the following individual(s):

Name of Person Listed on Certificate:

Relationship to Person Listed on Certificate:

Sworn this _____ day of _____, 2____, at _____, _____.
(Day) (Month) (Year) (City) (State)

(Signature)

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 that I am a survivor of the River, Jones, Gamble, or Hennessy (LNU Lightning Complex) Fires, and lost certified copies of birth, death, or marriage records as a result. Pursuant to the Governor’s Proclamation of a State of Emergency, I am eligible to receive a free certified copy of the birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

(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)

CERTIFICATE OF ACKNOWLEDGMENT

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, _____, 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)