



A Tradition of Stewardship  
A Commitment to Service

# HEALTH AND HUMAN SERVICES AGENCY

Public Health Division, Office of Vital Statistics  
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**NAPA COUNTY**  
Health & Human  
Services Agency

## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

\$32 Credit/Debit (\$2.50 fee) or Check or Money Order Payable to: County of Napa; No Cash.

### REQUESTER/PARENT INFORMATION (PLEASE PRINT OR TYPE)

First and Last Name :

Address:

City:

State:

Zip Code:

Phone Number:

Mailing Address (if different from above):

Address:

City:

State:

Zip Code:

### BIRTH CERTIFICATE INFORMATION/CHILD (PLEASE PRINT OR TYPE)

#### Number of Certified Original Copies Requested:

First Name:

Middle Name:

Last Name:

Date of Birth:

City of Birth:

Name of Parent:

Name of Parent:

#### PLEASE SELECT ONE

Pursuant to Health and Safety Code 103526c, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.

The registrant or a parent or legal guardian of the registrant

A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant

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

A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

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.

#### SIGNATURES

I (PRINT NAME) \_\_\_\_\_ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(c), and am eligible to receive an AUTHORIZED certified copy of the birth record identified on this application form. Sworn this (DATE) \_\_\_\_\_ day of (MONTH) \_\_\_\_\_, (YEAR) \_\_\_\_\_ at (CITY) \_\_\_\_\_.

Signature \_\_\_\_\_

#### OFFICE USE ONLY

Images printed:

Check/MO:

CC:

Dollar Amount:

Certificate #:

Banknote Paper:

Deputy: