



A Tradition of Stewardship
A Commitment to Service

Health and Human Services Agency
Public Health Division, Office of Vital Statistics
2751 Napa Valley Corporate Dr., Bldg. B, Napa, CA 94558
Phone: (707) 253-4506
Fax: (707) 226-6442
Office Hours: Mon-Fri 8:30-11:30am & 1:00-4:00pm



NAPA COUNTY
Health & Human
Services Agency

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD INSTRUCTIONS:

The office of Vital Statistics **can only provide birth certificates from birth to 12 months.** If the person you are requesting for is over the age of 12 months please contact the County Recorder Office.

Note: Birth Certificates are \$32.00 per certified copy. For anyone over a year old the vital statistics office cannot process the order. Please contact the County Recorder office. When ordering by mail, send original application including sworn statement signed by a notary and appropriate fees in the form of personal check (postal or money order if outside of California) made payable to: **Napa County**

Napa County Vital Records cannot be held responsible for lost, stolen, misdirected or undelivered mail. As an option, attach a paid certified envelope to ensure delivery of your request.

Address Completed Application to:
Office of Vital Statistics
2751 Napa Valley Corporate Drive, Bldg. B
Napa, CA 94558

REQUESTER INFORMATION: PLEASE PRINT OR TYPE CLEARLY
Print first and last name of person filling out the form.
Print Current address and phone number.
Print mailing address if it differs from address above.

BIRTH CERTIFICATE INFORMATION:
Specify number of certificates requested. Include a payment of \$32 per certificate.
Print First, middle and last name of child.
Print Date of birth and city of birth
Print full name of parent (at least one if required).

PLEASE SELECT ONE of the categories that authorizes you to request this certificate.

*Sworn statement, this document must be completed by a public notary.



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CHILD MUST BE **UNDER 12 MONTHS OLD**. For anyone over a year old born in the County of Napa please contact the office of the County Recorder.

\$32 Check or Money Order Payable to: County of Napa; No Cash.

REQUESTER INFORMATION (PLEASE PRINT OR TYPE)

First and Last Name :

Address:	City:	State:	Zip Code:
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Phone Number:

Mailing Address (if different from above):

Address:	City:	State:	Zip Code:
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BIRTH CERTIFICATE INFORMATION FOR THE CHILD – MUST BE 12 MONTHS OR YOUNGER. (PLEASE PRINT OR TYPE)

Number of Certified Original Copies Requested:

First Name:	Middle Name:	Last Name:
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Date of Birth:	City of Birth:
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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. In order to receive an authorized copy, you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT below. The Sworn Statement MUST BE NOTARIZED unless you are a member of a law enforcement agency or local government agency.

Parent/Legal Guardian of Registrant	Law Enforcement/Govt. Agency (Conducting Official Business)
Grandparent/Grandchild of Registrant	Attorney Representing Registrant or Registrant's Estate
Authorized by Court Order (Include copy of the court order.)	Child/Sibling of Registrant (or relative described in HSC 7100(a)(1)-8))

OFFICE USE ONLY

Images printed:	Check/MO:	CC:	Dollar Amount:
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Certificate #:	Banknote Paper:	Deputy:
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SWORN STATEMENT

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

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 birth, death or marriage record as noted on the preceding page – and for 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 CDPH Vital Records staff.)

Subscribed to this ____ day of _____, _____, at _____, _____.
(Day) (Month) (Year) (City) (State)

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.) Only one sworn statement is required for multiple records.

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 _____, 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