



A Tradition of Stewardship
A Commitment to Service

JOHN TUTEUR
Napa County Recorder-County Clerk
PO Box 298 / 1127 1st St. Ste. A
Napa CA 94559
707-253-4247 / Fax: 707-259-8149

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. If no record is found, the fee will be retained for searching as required by statute and a "Certificate of No Record" will be issued.

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 Section 103526](#)), the County Recorder may only issue an informational certified copy with a legend stating **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

PAYMENT OPTIONS for Mailed Request: A check drawn on a California bank; a money order for out-of-state requests; an international money order for out-of-country requests; credit cards (there is an additional processing fee of \$7.00). **Mail** this application, along with the fee to the Napa County Recorder, PO Box 298 Napa CA 94559; for overnight delivery mail to 900 Coombs St. Ste. 116 Napa CA 94559.

PAYMENT OPTIONS for Faxed Request: credit cards (there is an additional processing fee of \$7.00). **FAX** form to: 707-259-8149. **Walk-in** customers may apply between 8:00 AM and 4:30 PM, Monday through Friday, excluding holidays.

BIRTH Certificate (\$28.00) **DEATH** Certificate (\$21.00) **MARRIAGE** Certificate (\$15.00)

| 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 | Last Name |
| Maiden Name of Mother (Birth & Death Certificates only) | | Name of Father (Birth & Death Certificates only) | |
| (Birth Certificate only) Male <input type="checkbox"/> Female <input type="checkbox"/> | City or Town of Event | Date of Birth, Death or Marriage | No. of Copies Requested: |
| APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE | | | |
| 1. When Appearing In Person - Complete page one of form. Do not sign the statement until presented to a staff member. | | | |
| 2. Mail/Fax Requests - Complete both pages but DO NOT sign until in the presence of a Notary Public for a certified copy (notarization not required for an informational copy). | | | |
| Name of Person Completing Application | | Relationship to Person Above | Telephone Number |
| Address – Number, Street & Unit | | City | State Zip Code |
| Mailing Address – if different | | 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"/> Certified Copies - I agree not to use the vital record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 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 |

MAIL REQUESTS:

NOTE: We Do Not Accept Checks Issued By Out-Of-State Banks – Money Orders Are Accepted

Check or money order – payable to Napa County Recorder

FAX REQUESTS:

Credit Card - a \$7.00 processing fee will be added to the cost of the certified copy

Please charge my card an additional \$19 for optional Overnight Delivery

Credit Card # _____ Expiration Date _____

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 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:

Relationship to Person Listed on Certificate:

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

(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 _____)
) ss
County of _____)

On _____, before me, _____, personally appeared
(insert name & title of 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.

(NOTARY SEAL)

WITNESS my hand and official seal.

NOTARY SIGNATURE