



A Tradition of Stewardship
A Commitment to Service

**Health and Human Services Agency
Office of Vital Statistics**

2751 Napa Valley Corporate Dr., Bldg B
Napa, CA 94558

Main: (707) 253-4506

Fax: (707) 226-6442

Office Hours: Mon-Fri 8:30-11:30am & 1:00-4:00pm

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

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.

\$28 Check or Money Order Payable to: County of Napa; Credit/Debit cards will have \$2.50 additional service fee. No Cash.

REQUESTER 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 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:
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. In order to receive an authorized copy, you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT below.

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

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:	