

SUTTER COUNTY CLERK-RECORDER
APPLICATION FOR BIRTH OR DEATH CERTIFICATE
433 Second Street, P.O. Box 1555, Yuba City, Ca. 95992 (530) 822-7134

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of birth or death records. Those who are not authorized by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Please check whether you would like an Authorized or Informational Certified Copy

- Informational Certified Copy: Complete Section I Only
- Authorized Certified Copy: Complete Sections I and II (Mail orders Must be notarized – see page 2)

Section I: Complete for both Informational or Authorized Certified Copy (please print or type)			
BIRTH CERTIFICATE			DEATH CERTIFICATE
Name on Certificate (First, Middle, Last)			Name on Certificate (First, Middle, Last)
Date of Birth	Fathers Last Name	Mothers Maiden Name	Date of Death
Number of Copies	Total Enclosed		Number of Copies
X \$14.00 =			X \$12.00 =
Name of Applicant		Today's Date	Telephone Number ()
Address		City	State Zip Code
Mailing Address (if different than above)		City	State Zip Code
Signature of Applicant (for INFORMATIONAL COPY ONLY)			

INSTRUCTIONS FOR MAIL-IN APPLICATIONS	
<p>Mail-in requests for an Authorized Certified Copy of a Birth or Death Certificate must be accompanied by a completed Sworn Statement (see page 2) – signed in the presence of a Notary Public. Only one Notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.</p>	
<p>Mail your completed application and notarized sworn statement, with payment to:</p> <p>Please make checks or money orders to: Sutter County Clerk-Recorder</p>	<p>Sutter County Clerk 433 Second Street P.O. Box 1555 Yuba City, CA. 95992</p>

Office Use:
 Bk/Page _____ Bank Note # _____ Deputy _____ ID _____ Date _____

SWORN STATEMENT

I, _____, Swear (or affirm) under penalty of perjury under the Laws 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 an AUTHORIZED certified copy of the birth or death record of the following individual(s):

Name of Person on Certificate	Relationship to Person on Certificate

Signature _____ Date _____ Place _____

State of _____

County of _____

On _____ before me, _____
(here insert name and title of the officer)

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 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

Signature _____