


Instructions to Complete an Application for an Authorized Certified Copy of a Birth Record

1	<p>Birth Certificate Information:</p> <ul style="list-style-type: none"> • Print or type number of certified copies requested. • Print or type name of registrant. • Print or type date of birth. • Print or type hospital of birth. • Print or type father’s name. • Print or type mother’s maiden name.
2	<p>Applicant Information:</p> <ul style="list-style-type: none"> • Print or type name of person ordering copy. • Print or type address of person ordering copy. • Print or type mailing address of person ordering copy (if different than address above). • Print or type telephone number of person ordering copy, including area code.
3	<p>Using the list below check the correct box in Section 3 on the front of this application that authorizes you to obtain a certified copy of a birth record:</p> <ul style="list-style-type: none"> • 103526(c)(1) The registrant or a parent or legal guardian of the registrant • 103526(c)(2) 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. • 103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. • 103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant. • 103526(c)(5) 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. • 103526(c)(6) Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.
4	<p>COMPLETE SECTION 4 WHEN REQUESTING A CERTIFICATE IN PERSON AND AT THE TIME OF PAYMENT.</p> <p>Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign the sworn statement in section 4 on the front of this application. Please print your name as well as the date when and where your request will be made or submitted. Sign the statement.</p>
5	<p>COMPLETE SECTIONS 4 AND 5 WHEN REQUESTING A CERTIFICATE BY MAIL. Certificate of Acknowledgement</p> <p>Complete sections 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in section 4 in front of the notary public. Request that the notary complete section 5 to acknowledge your signature in the sworn statement in section 4. Mail the original application with a self-addressed, stamped envelope and a check/money order (payable to the “City of Pasadena Public Health Department”), made out in the correct amount. Fee is \$17.00 for each copy requested. Send to:</p> <div style="display: flex; align-items: flex-start;">  <p>City of Pasadena Public Health Department Vital Records Office 1845 North Fair Oaks Avenue, Room 1610 Pasadena, CA 91103</p> </div>