Office of Vital Statistics, Sonoma County Department of Health Services
463 Aviation Blvd, Santa Rosa, CA 95403
Telephone: 707-565-4407 Fax: 707-565-4413

Counter Service Hours: 9:00 a.m. – 4:00 p.m.
Closed: 12:00 pm – 1:00 pm

Application for Certified Copy of Birth Records for 2025 AND 2026 ONLY: $34.00 per Copy

Birth Certificate Records for ALL OTHER YEARS (Including Current Year) are Stored at County Clerk, www.SonomaCounty.gov/Clerk

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued Certified Informational Copies marked with the legend, **"Informational, Not a Valid Document to Establish Identify."**

Section 1: Birth Certificate Information (Please print or type)

First Name of Child	Middle Name of Child	Last Name of Child

Date of Birth	Gender	Name of Hospital

Parent 1 Name	When copies completed:
	☐ Pick Up
Parent 2 Name	☐ Mail

FOR OFFICE USE ONLY

Date Received _____ No. _____

Date Prepared _____ Issued by _____

☐ Visa ☐ MasterCard ☐ Discover CC Auth #: _____

Section 2: Applicant Information (Please print or type)

Name of Person Completing Application	Mailing Address and Zip Code	Telephone No.	**No. of Copies Requested:** _____

Name of Person Receiving Copies, if Different From Above	Mailing Address for Copies, if Different From Above

If applying in person, go to 463 Aviation Blvd, Santa Rosa, CA PHOTO ID IS REQUIRED.
If mailing or faxing your application, the sworn statement on the back of this form must be notarized (see attached instructions).

☐ I would like a **Certified Copy.** This copy will establish the identity of the Registrant. To receive a Certified Copy, you must indicate your relationship to the registrant by selecting from the list below, **AND** complete the Sworn Statement on the back of the form declaring that you are eligible to receive the Certified Copy. The Sworn Statement must be notarized if the application is submitted by mail or fax.

☐ I would like a **Certified Informational Copy**. This document will be printed with a legend on the face of the document that states, **"Informational, Not A Valid Document to Establish Identity."** A sworn statement does not need to be provided.

To receive a Certified Copy of a Birth Record, I am:

☐ A parent or legal guardian of the registrant**. Legal guardian must provide documentation.**

☐ A child, grandparent or sibling of the registrant.

☐ 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. **Please include a copy of the court order.**

☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting an official business. **Companies representing a government agency must provide authorization from the government agency.**

☐ 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.

☐ Appointed rights in a power of attorney, or an executor of the registrant's estate. **Please include a copy of the power of attorney, or supporting documentation identifying you as executor.**

Office of Vital Statistics **Sonoma County Department of Health Services**

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of
(Printed Name)
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 record of the following individual(s):

Name of Child	Relationship to Child

Sworn this date: _____ at _____, _____.
(today's date) (City) (State)

_____
(Signature)

Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment below.
If submitting your order in person, you must sign this in the presence of Vital Statistics staff.
(Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

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
(Insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.
(NOTARY SEAL)

_____
NOTARY SIGNATURE

We are located at 463 Aviation Blvd, Santa Rosa, CA 95404.

Birth records are maintained in this office for children born 2025 AND 2026 ONLY.

Birth records for ALL YEARS are available at County Clerk, 585 Fiscal Dr., Suite 103, Santa Rosa, CA 95403. Tel. 707-565-3800 www.SonomaCounty.gov/clerk

Instructions:

1. For a regular certified copy, complete the entire form.

2. For an Informational Copy: Mark the Informational Copy box and complete Sections 1 and 2 of this form. The cost is the same--$34.00.

3. If you submit your order in person, you must:
   - Sign a sworn statement in the presence of an Office of Vital Statistics employee.
   - Show valid photo identification.
   - Submit payment by check, cash(exact amount), postal or bank money order, or Visa, MasterCard or Discovery credit card.

4. **If you submit your request by mail, the sworn statement must be signed in the presence of a Notary Public**. PLEASE NOTE: 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 birth certificate you wish to obtain and your relationship to that individual.

5. Use a separate application form for each individual person for whom you are requesting a certified birth certificate. You may request several copies for the same person on one form. If submitting your request by mail, remember to identify each certificate requested on the sworn statement.

6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we can contact you when it is ready.

7. Faxed requests are acceptable if the notarized portion of the application is valid and readable AND is processed in combination with a phone call from the applicant paying for the certificate with a Visa, MasterCard, or Discover credit card. After the faxed notarized application is received AND the credit card transaction is completed a certified copy will be mailed to you. You may call from 9:30 a.m. – 4:00 p.m., Pacific Time, to request this service. Our phone number is: 707-565-4407 and our fax number is: 707-565-4413.

Submit $34.00 for each certified copy requested**. If no record of birth is found, the $34.00 fee will be retained for searching, as required by statute, and a Certificate of No Public Record will be issued**. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application in the form of a personal check, postal or bank money order payable to **Sonoma County Health Department.** Mail this application with the fee(s) to the Office of Vital Statistics, 463 Aviation Blvd, Santa Rosa, CA 95403.

Additional application forms may be obtained through our web site:
https://sonomacounty.gov/health-and-human-services/health-services/divisions/public-health/office-of-vital-statistics

Office of Vital Statistics
Located at 463 Aviation Blvd
Santa Rosa, CA 95403
Tel. 707-565-4407