SOLANO COUNTY VITAL STATISTICS

275 BECK AVE, FAIRFIELD 94533

BIRTH CERTIFICATE REQUEST FORM

No. of copies requested:_____($30.00 each)

BABY'S NAME: _____
First Middle Last

Date of Birth: _____ Gender: ( ) Female ( ) Male Relationship to the BABY: _____

APPLICANT INFORMATION

SWORN STATEMENT

I, _____, certify (or declare) under penalty of perjury 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 identified on this application form, and that the foregoing is true and correct.

Sworn this date _____ Signature:_____

Applicant Mailing Address: _____
Street City State Zip Code

PHONE # REQUIRED: (_____)_____

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 _____) County of _____) On _____

before me, _____, personally appeared_____
(name and title of the officer) (Name of Applicant)

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.

WITNESS my hand and official seal.
(SEAL)

_____
SIGNATURE

REVISED 7/2015