

Ventura County Public Health Office of Vital Records
2240 E. Gonzales Road, Suite 150
Oxnard, Ca. 93036



If submitting your order by mail, you must **send a self-addressed, stamped envelope** and have your sworn statement (Box B) notarized.

Si envia su order por correo, necesita la declaracion notarisada, usando la parte B de abajo, y **un sobre con su dirección y estampilla**

(A) I am requesting a certified copy.
Solicito una copia certificada.

I am requesting an INFORMATIONAL copy
Solicito una copia solo para uso INFORMATIVO

Child's Name / Nombre del Niño (Last/Apellido) / (First/Primer) / (Middle/Segundo Nombre)		Date of Birth/Fecha de Nacimiento 2017 / / 2018	Number of Copies/ Cuantas Copias _____
Name of Ventura Co. Hospital/Nombre del Hospital en del Condado de Ventura CMH Los Robles Santa Paula Simi Valley St. John's VCMC			\$25.00 per copy/cada una
Mother's Name (First, Middle, Maiden name)/Nombre de la Madre (Primer, Segundo, Apellido de Soltera)			For office use only Amount enclosed \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> CC <input type="checkbox"/> Pick up <input type="checkbox"/> Mail Cert No. _____ Receipt No. _____ Date issued _____ Issued by _____ <input type="checkbox"/> Prepaid
Father's Name (First, Middle, Last)/Nombre del Padre (Primer, Segundo, Apellido)			
(B) Sworn Statement (Must be completed if requesting a certified copy)			
I _____ 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 a certified copy of the birth record identified on this application form.			
Sworn this _____ day of _____, _____ at _____, _____ (Day) (Month) (Year) (City) (State)			
Signature _____ Relationship to child _____			

(C) 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 _____
(insert name and title of officer) (name of subscribing witness)

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
(Notary Seal)

Signature of Notary Public

(D) Enter name and address of recipient

Your name/Su nombre
Street Address/Numero y Calle
City/Ciudad State/Estado Zip/Zona Postal
Telephone Number/Número de Teléfono

(E) If applying for INFORMATIONAL copy only, sign here: Si aplicando por una copia INFORMATICA solamente, firme aqui:
_____ Signature/Firma del Apicante
_____ Date/Fecha

Please note: You must submit a self-addressed, stamped envelope with your order. The Vital Records office is not responsible for replacement of items that are lost in the mail.

INFORMATION: The Vital Records Office retains birth and death records for the **current year and one year prior only**. Events occurring in Ventura County for all other years, must be obtained from the Ventura County Recorder's office. Applicants must present a valid, government issued form of photo identification to purchase a certified copy of a birth certificate.

INSTRUCTIONS: Pursuant to Health and Safety Code 103526, the following individuals are entitled to a Certified Copy of a birth record:

- The registrant or a parent or legal guardian of the registrant (Legal guardian must provide documentation)
- 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 and 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 government agency, as provided by law, who is conducting official business (Companies representing a government agency must provide authorization from the government agency)
- A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant
- 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
- 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. (Include a copy of the power of attorney or supporting documentation identifying you as executor.)

Those who are not authorized may receive an **INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"** imprinted across the face of the copy.

If you are requesting an authorized **Certified Copy**, please **complete sections A and B and the applicant information in section D** of the application form. If you submit your order in person, you must sign the sworn statement in the presence of Office of Vital Records staff. If you submit your request by mail, you must sign the statement in the presence of a Notary Public who will complete section C of the application form. If you are submitting more than one request by mail at the same time to the same location for siblings or multiple births, only one sworn statement must be notarized. If the requests are submitted separately, the sworn statement on each application must be notarized. Please note: You must **submit a self-addressed, stamped envelope with your order**. The Vital Records office is **not** responsible for replacement of items that are lost in the mail.

If you are requesting a certified **Informational Copy**, complete only sections A, D and E of the application form.

Submit \$25 for each certified copy requested. If no record of the birth is found, the \$25 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 are purchasing and include sufficient money with this application, in the form of a personal check, postal or bank money order made payable to Ventura County Vital Records. **Please note:** Mail orders paid by personal check are held for 14 working days. Mail this application with the fee and a self-addressed, stamped envelope to Ventura County Vital Records, 2240 E. Gonzales Road, Suite 150, Oxnard, Ca. 93036.

INFORMACIÓN: La Oficina de Registros Vitales retiene los expedientes de nacimiento y deceso del año en curso y del año previo únicamente. Los eventos que ocurren en el Condado de Ventura durante todos los otros años deben obtenerse por parte del Registrador del Condado de Ventura.

INSTRUCCIONES: De acuerdo con el Código de Salud y Seguridad 103526, los siguientes individuos tienen derecho a obtener una Copia Certificada de un acta de nacimiento:

- El que se registra o el padre o madre o tutor legal del que se registra
- Aquella parte que tiene derecho a recibir el acta como resultado de la orden de un juez, un abogado o una agencia de adopción con licencia que desea obtener un acta de nacimiento para poder cumplir con los requerimientos de la Sección 3140 y 7603 del Código Familiar.
- Un miembro de una agencia de las autoridades o un representante de otra agencia de gobierno, como lo indica la ley, que esté llevando a cabo asuntos oficiales.
- Un hijo, abuelo, nieto, hermano, cónyuge o pareja sentimental del registrado.
- Un abogado representante del registrado, o la herencia del registrado, o cualquier persona o dependencia autorizada por estatutos o asignada por un tribunal para actuar a nombre del registrado o de la herencia del registrado.
- Cualquier director de funeraria que ordene copias certificadas de un acta de defunción a nombre de cualquier individuo especificado en los párrafos (1) a (5), incluyendo el inciso (a) de la Sección 7100 del Código de Salud y Seguridad.

Aquellos que no estén autorizados pueden recibir una Copia Certificada para usos de INFORMACIÓN con las palabras "SOLO PARA INFORMACIÓN, ESTE DOCUMENTO NO ES VALIDO PARA ESTABLECER IDENTIDAD" impresas sobre la carátula.

Si usted está solicitando una Copia Certificada autorizada, favor llenar las secciones A y B y la información del que solicita en la sección D del formulario de solicitud. Si usted presenta su orden en persona, usted debe firmar la declaración firmada en presencia del personal de la Oficina de Registros Vitales y presenta un documento válido, del gobierno publicó, foto identificación. Si usted presenta su solicitud por correo, usted debe firmar su declaración en presencia de un Notario Público "Notary Public" quien completará la sección C del formulario de solicitud.

Si usted está solicitando una Copia solo para Información certificada, complete solo las secciones A, D y E en el formulario solicitud.

Adjunte \$25 por cada copia certificada que solicite. Si no se encuentra el Acta de Nacimiento, la cuota de \$25 se retendrá para la búsqueda como lo requiere el estatuto y se emitirá un Certificado de que no existe el Registro Público. Si usted está enviando su solicitud por correo, indique el número de copias certificadas que usted desea e incluya suficiente dinero con la solicitud, en forma de cheque personal, postal o giro bancario pagadero a "Ventura County Vital Records", 2240 E. Gonzales Road, Suite 150, Oxnard, Ca. 93036.