

INSTRUCTIONS:

1. If you are requesting a certified "Informational" copy, complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting an "Authorized" certified copy, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of the Recorder's Office staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public.
Please Note: Only one notarized sworn statement is required for the 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.
3. Use a separate application form for each different record of birth for which you are requesting an "Authorized" certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the Applicant Information section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under Birth Certificate Information. If the information you furnish is incomplete or inaccurate. It may be impossible to locate the record. If the registrant has been adopted, please make the request in the adopted name.
5. Submit \$14.00 for each certified copy requested. 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 made payable to the Marin County Recorder. Mail this application with the fee(s) to the Marin County Recorder, Attn: Copy Center, P.O. Box C, San Rafael, CA 94913. If you have any questions, call the Copy Center at 415-499-6395.

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

_____ in a claim for _____

FEDERAL OR STATE AGENCY

TYPE OF BENEFIT

DATE

SIGNATURE OF VETERAN OR AUTHORIZED AGENT

RELATIONSHIP OF AGENT

NUMBER-STREET

CITY

STATE

ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.