

AMADOR COUNTY CLERK/RECORDER & REGISTRAR OF VOTERS



KIMBERLY L. GRADY
810 Court Street
Jackson, California 95642-2132
Phone (209) 223-6468

**REQUEST FOR AN AUTHORIZED COPY OF
A BIRTH RECORD**

**** IF THIS REQUEST IS DONE BY MAIL IT MUST BE NOTARIZED ****

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth Certificate.

Name on Certificate

First Middle Last

Date of Birth

Month Day Year

Father's Name

First Middle Last

Mother's Maiden Name

First Middle Last

FEES:
Birth \$29.00
(Fees revised 01/01/2022)
CASH, CHECK OR
MONEY ORDER ONLY

Relationship:

- Registrant
- Grandparent/Grandchild
- Sibling
- Attorney (representing the registrant or their estate)
- Authorized by way of Statue or Court Order (acting on behalf of the registrant or their estate)
- Parent/Legal Guardian
- Child
- Spouse/Domestic Partner
- Law Enforcement/Government Agency (conducting official business)
- Adoption Agency/Attorney/Court Order under Section 3140 or 7603 of the CA Family Code

of copies requested:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Applicant's Signature _____

Print Name

**** PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE ****

Mailing Address

_____ P.O. Box or Street Address City State Zip

Telephone Number: (_____) _____
(Including area code)

STATE OF CALIFORNIA
County of _____

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.

On _____ before me _____, a Notary Public,

personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person 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 official seal.

Signature

For Office Use Only Form Rev 01/2019

Local File # _____ Banknote Paper # _____ Check # _____
Date Issued/Mailed _____ Receipt # _____ Deputy _____