AMADOR COUNTY CLERK/RECORDER

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REQUEST FOR INFORMATIONAL COPY OF A BIRTH OR DEATH RECORD

Record Inform	nation:	Numbe	er of Copies Re	quested	
	Birth Record	\$29.00		Death Record	\$24.00
		** Cash, Check	or Money Orde	er Only **	
Name on Certi	ificate				
	First		Middl	е	Last
Date of Birth/Death Month, Day, Year		av. Year	Place of Birth/Death City or Town		
	,			,	
Father's Name	e First		Middle		Last
Mother's Maid	en Name				
	First		Middle		Last
Applicant Ma	iling Information:				
Name	First				
	First		Middle		Last
Address Street		City		State	Zip
may obtain an may not be us document:	informational certified co ed to establish identity. "INFORMATION	opy of a birth or de Informational copi AL, NOT A VALIE	eath record. The ies will have the DOCUMENT T	on 103525 of the Health & S e record is for informational following words printed acro O ESTABLISH IDENTITY "	purposes only and oss the face of the
	certified copy to obtain a you should not use an int			r for insurance coverage, or a or death record.	to receive death
Applicant's Sig	gnature			Date	
Office Use Or	nly				
Local File #		Banknote Paper #		Check	#
Date Issued/M	lailed	Receipt #		Deput	у