

**SANTA BARBARA COUNTY CLERK RECORDER
APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**



**Applications for certified copies of birth records can be submitted
THREE (3) ways:**

IN PERSON: \$28.00 per copy at either of our two (2) offices.

Please fill out the **application** and **sworn statement** and be prepared to show government issued photo ID.
All records from 1965 to the present can immediately be obtained over the counter.
All previous records may have a wait time of between 15 minutes to one day.

Physical Addresses:

Santa Barbara County Recorder
Hall of Records, County Courthouse
1100 Anacapa Street
Santa Barbara, CA 93101
(805) 568-2250

Santa Maria Government Center
511 East Lakeside Parkway #115
Santa Maria, CA. 93455
(805) 346-8370

BY MAIL: \$30.00 First Class Mail or \$51.50 U.S. Post Office express delivery mail.

Note: Add \$28.00 per additional copy.
Sworn statement and acknowledgment must be properly filled out.
Requests are processed within 7-10 business days if all requirements are met.

Mailing Address:

Santa Barbara County Recorder
P. O. Box 159
Santa Barbara, CA 93102-0159

FAXED IN: \$58.50 and delivered U.S. Post Office express delivery mail.

Note: Add \$28.00 per additional copy.
Sworn statement and acknowledgment must be properly filled out.
Requests are processed between 1-3 business days if all requirements are met.

FAX NUMBER: (805) 568-2266

For more information, please visit our website www.sbcrecorder.com

**SANTA BARBARA COUNTY CLERK AND RECORDER
APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

The California Health and Safety Code, section 103526, permits only authorized persons as defined below to receive authorized certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

PLEASE INDICATE WHETHER YOU WOULD LIKE A CERTIFIED AUTHORIZED COPY OR A CERTIFIED INFORMATIONAL COPY

I request a **Certified Authorized Copy**. This copy will establish the identity of the registrant. (To receive an Authorized Copy you **must** indicate your relationship to the registrant by selecting from the list below **AND** complete the attached Sworn Statement declaring you are eligible to receive the Authorized Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail or fax.)

I request a **Certified Informational Copy**. This document will be printed with a legend on the face of the document that states, **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** A sworn statement does not need to be provided.

MAILED IN REQUESTS: *****NOTE: ALL FAXED IN REQUESTS WILL BE RETURNED BY: EXPRESS MAIL ONLY*****

First class (standard ground) Express Mail (U. S. Postal Service Express delivery)

To receive an **Authorized** Certified Copy I am:

- The registrant (person listed on the certificate) 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 or 7603 of the Family Code. (*Please provide a copy of the court order.*)
- A member of a law enforcement agency or a representative of another governmental 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. (*Please include a copy of the power of attorney or supporting documentation identifying you as executor.*)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name of Applicant		Signature of Applicant		Today's Date	
Telephone Number – Area Code First ()		Email Address			
Address – Number, Street		City		State	ZIP Code
(IF FAXED OR MAILED) Recipient, if different from applicant		No. of Copies	Amount Enclosed	Purpose of Request	
Mailing Address for Copies, If Different From Above		City		State	ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE) **WAS THERE A LEGAL NAME CHANGE/ADOPTION? Yes ___ No ___**

Name on Certificate – First Name		Name on Certificate – Middle Name		Name on Certificate – Last Name	
City or Town of Birth				Place of Birth – County	
Date of Birth – Month, Day, Year (If unknown, enter approximate date of birth)				Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Father/Parent Name on Certificate – First Name		Middle Name		Last Name at Birth/Maiden Name	
Mother/Parent Name on Certificate – First Name		Middle Name		Last Name at Birth/Maiden Name	

PLEASE COMPLETE THE NEXT PAGE

SWORN STATEMENT

(*Required for certified authorized copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity)

*Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business must complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.

I, _____, declare under penalty of perjury under the laws of the State of California,
(Printed Name of Applicant)

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 of the following individual(s):

Name of Person Listed on the Birth Certificate	Your Relationship to the Person Listed on the Birth Certificate (I.E. Self/Parent)

(The remaining information must be completed in the presence of a Notary Public or County Clerk and Recorder staff.)

Subscribed to this _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)



YOU MUST SIGN IN FRONT OF A NOTARY PUBLIC OR COUNTY CLERK STAFF

(Signature of person requesting certified copy)

Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the Certificate of Acknowledgment below.

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, _____, _____ Notary Public _____, personally
(insert name of Officer) (Title of Officer)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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)

NOTARY SIGNATURE

YOU MUST COMPLETE THE CREDIT CARD AUTHORIZATION FORM WHEN MAILING YOUR REQUEST AND PAYING FEES WITH A CREDIT CARD OR WHEN FAXING IN YOUR EXPEDITED REQUEST

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor
Registrar of Voters



Hall of Records
1100 Anacapa St.
Santa Barbara, CA 93101

Mailing Address:
PO Box 159
Santa Barbara, CA 93102

MELINDA GREENE
Chief Deputy Clerk-Recorder

**COUNTY CLERK, RECORDER AND ASSESSOR
CLERK-RECORDER DIVISION**

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM
VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____

Phone #: (_____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp Date:** ____ / ____
(American Express Not Accepted)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (_____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

<p>OFFICE USE ONLY</p> <p>Transaction #: _____</p>
