



COUNTY OF SAN DIEGO  
 ERNEST J. DRONENBURG, JR.  
 ASSESSOR/RECORDER/COUNTY CLERK  
[www.sdarcc.com](http://www.sdarcc.com)



**FOR OFFICIAL USE ONLY**

IN PERSON  
 APPLICATION FOR A **BIRTH CERTIFICATE**, OR  
 LETTER OF NO RECORD

**\$28.00 – PER COPY**

**FEES ARE NON-REFUNDABLE**

Per California State Law, Health and Safety Code, Section 103526(c), permits only authorized persons as defined below to receive certified copies of Birth Records. Those who are not authorized by Law to receive a certified copy will receive a certified informational copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

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**Type of identification provided:**

Driver’s License     Military ID  
 Passport             Other \_\_\_\_\_

Please wait 3 weeks from the date of the event before submitting your request. If we cannot identify the record based on the information provided, Law requires that we retain the fee and issue a **“Letter of No Record”**. **You will be asked to present a valid photo ID for all in-person requests.**

I would like a **Certified Copy** of the record identified on the application form. **(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)**

I would like a **Certified Informational Copy** of the record identified on the application form. **(You are not required to select from the list below or complete the Statement of Identity in order to receive an Informational Copy.)**

- I am:
- The registrant (person named on certificate) or a parent or legal guardian of the registrant.
  - 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 requirement of Section 3140 or 7603 of the Family Code.
  - A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
  - 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.

BIRTH INFORMATION ON CERTIFICATE (PLEASE PRINT OR TYPE)- \$28.00 for each certified copy		
First Name	Middle Name	Last Name
Date of Birth		County of Birth
Full Birth Name (First Middle Last) of Birth Mother/Parent Giving Birth		No. Of Copies

**STATEMENT OF IDENTITY FOR AUTHORIZED PERSON**

I, \_\_\_\_\_, swear under penalty of perjury that I am an authorized person, as indicated above, and am eligible to receive a certified copy of the birth record identified on this application form.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_.

(Day)                      (Month)                      (Year)                      (City)                      (State)

\_\_\_\_\_  
 Signature  
**(Must be signed in the presence of a County Clerk)**