



**COUNTY OF SAN DIEGO**  
**ERNEST J. DRONENBURG, JR.**  
**ASSESSOR/RECORDER/COUNTY CLERK**



**APPLICATION FOR BIRTH/DEATH RECORD SEARCH**  
**IN PERSON**

\$23.00 - BIRTH CERTIFICATE  
 \$16.00 - DEATH CERTIFICATE  
 FEES ARE NON-REFUNDABLE

California State Law, Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth/death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** Please indicate below whether you would like a Certified Copy or a certified Informational Copy.

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.
  - Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100.

**BIRTH INFORMATION (PLEASE PRINT OR TYPE) - \$23.00 for each certified copy**

Name on Certificate – First Name	Middle Name	Last Name
Date of Birth		County of Birth
Mother’s Full Maiden Name		No. of Copies

**DEATH INFORMATION (PLEASE PRINT OR TYPE) - \$16.00 for each certified copy**

Name of Decedent – First Name	Middle Name	Last Name
Date of Death	County of Death	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/death record identified on this application form.

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

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

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