

INSTRUCTIONS FOR REQUESTING A CERTIFIED COPY OF A BIRTH, MARRIAGE OR DEATH CERTIFICATE

- To request a Certified Copy of a birth, marriage or death record you must do the following:
- Complete the **Application** for a Certified Copy included with this document.
- Include the **Sworn Statement** of the applicant identifying his/her relationship to the individual(s) named on the certificate. The Sworn Statement must be signed in the presence of the Plumas County Clerk-Recorder staff when making a request in person at the Recorder's office.
- Applications submitted through the mail must also include the notarized **Certificate of Acknowledgement** (sign the **Sworn Statement** in the presence of a Notary Public).

When requesting certified copies for multiple individuals through the mail, up to four names may be listed on the Sworn Statement and collectively notarized, however, a separate Application must be completed for each person a request is being made for. (Governmental Agencies and Funeral directors are exempt from the notarized Certificate of Acknowledgement requirement, Health and Safety Code Section 7100 (a) 1-5).

- To request a **Certified Informational Copy** of a birth, marriage or death record, do the following:
- Complete the Applicant and Certificate Information sections only on the application.
- A Certified Informational Copy is stamped "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" and does not require proof of relationship or the notarized Certificate of Acknowledgement.
- Complete all required sections as described above, and sign the application as required. Incomplete applications may result in an unfound record.
- Submit the appropriate fees as indicated below in the form of cash, personal check, or money order* along with a self addressed stamped envelope to:

Plumas County Clerk Recorder
520 Main Street, Room 102
Quincy, CA 95971
(530) 283-6218 phone
(530) 283-6155 fax

Birth Certificate:	\$25.00 for each certified copy
Marriage Certificate:	\$15.00 for each certified copy
Death Certificate:	\$21.00 for each certified copy

*Certified copies may be obtained using a credit card through VitalChek, for an additional fee of \$7.00. Log on to www.vitalchek.com and follow instructions. If you need assistance, please do not hesitate to call us at the number listed above.

Plumas County Application for
 Certified Copy of Death Record
 Fee: \$21.00 per copy

Office Use Only
 Book - _____
 Page - _____
 Certificate Number - _____

Effective July 1, 2003, California Health and Safety Code Section 103526 changed the way certified copies of vital records are issued. **Certified Copies**, to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

Please indicate the type of certified copy you are requesting:

I would like a **Certified Copy**. This copy will establish the identity of the registrant. To receive a Certified Copy you **must** indicate your relationship to the registrant by selecting from the list below **AND** complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. The Sworn Statement must be notarized if the application is submitted by mail **unless you are law enforcement or local or state governmental agency.**

I would like 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.

Note: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a Certified Copy I am:

- The parent or legal guardian of the registrant (decedent listed on death certificate).
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) through (5), inclusive, of Health & Safety Code section 7100(a).
- 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.)
- An attorney representing the registrant or the registrant's estate, or any person or agency empowered by the statuette or appointed by a court to act on behalf of the registrant or the registrant's estate. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name (Person Completing Application)	Signature (Person Completing Application)	Today's date	Telephone Number ()
Address - Number, Street	City, State, Zip Code		Driver License Number
Name of Person Receiving Copies, if Different from Above		Number of Copies	Amount Enclosed
Mailing Address for Copies, if Different from Above	City, State, Zip Code		

DEATH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate - First Name	Name on Certificate - Middle Name	Name on Certificate - Last Name
Date of Birth - Month, Day, Year	Date of Death - Month, Day, Year	Gender M F
City or Town of Death	County of Death	
Funeral Home (optional)	Funeral Director (optional)	

SWORN STATEMENT

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

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, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

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

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

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, _____, personally appeared _____,
 (insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) 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 and official seal.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC