

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

- To request a **Certified Copy** of a BIRTH, DEATH or MARRIAGE record, do the following:
- Complete the **Application** for a Certified Copy included with this document.
- **In person:** Complete the **Sworn Statement** of the applicant identifying his/her relationship to the individual(s) named on the certificate and then sign it in the presence of the Plumas County Clerk- Recorder staff at the Recorder's office.
- **By Mail:** Complete the Sworn Statement and sign it in the presence of a Notary Public who will complete the **Certificate of Acknowledgment**. Include it with your application.

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.

- To request a **Certified Informational Copy** of a BIRTH, DEATH or MARRIAGE 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 and sign the application as required. Incomplete applications may result in an unfound record.
- Submit the appropriate fee - check or money order payable to Plumas County Clerk-Recorder 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
Death Certificate:	\$21.00 for each certified copy
Marriage Certificate:	\$15.00 for each certified copy

Certified copies may also 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 call us at 530-283-6218.

Plumas County Application for
 Certified Copy of Death Record
 Fee: \$21.00 per copy
 Submit Check or Money Order – Do Not Send Cash

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 a 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, and redaction of the Social Security Number, the documents contain the exact same information.

To receive a Certified Copy I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of a court order (**must be attached**), an attorney or a licensed adoption agency seeking a birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code, or a Funeral Director under Health and Safety Code 7100 (a) 1-5.
- 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 statute 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.)
- An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. Agent under power of attorney for health care, competent surviving spouse, surviving competent adult child, surviving competent parent, surviving competent adult sibling, surviving competent adult person respectively in the next degrees of kinship, conservator.

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 of 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
(Applicants Printed Name)
State of California, that I am the authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, marriage or death record of the following individual(s).

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

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

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

(Applicant's Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgement below. A notary public must complete the certificate of acknowledgement. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

Certificate of Acknowledgement

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

_____, 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.

Notary Signature

(seal)