



County of Monterey Clerk-Recorder APPLICATION FOR CERTIFIED COPY

BIRTH Certificate (\$31.00) Adopted: Yes No
 MARRIAGE Certificate (\$19.00)
 DEATH Certificate (\$26.00)
 INFORMATIONAL (Not for Government /Official use)
 BIRTH
 MARRIAGE
 DEATH

INFORMATION: Monterey County only has records of births and deaths that occurred in Monterey County or marriage licenses that were purchased in Monterey County. For all other vital records you must contact the county in which the event is registered or contact the State Office of Vital Records - M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone Number: (916) 445-2684.

INSTRUCTIONS: Use a separate blank application for **each** different record requested. **All sections must be completed in their entirety.**

1. Give all the information you have available for the identification of the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
2. The County Recorder may provide a certified copy of a vital record to an authorized person only. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Section 103526), the County Recorder may only issue an informational certified copy with a legend stating **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."** This application must be completed **prior to conducting a search for the record** and no refunds or exchanges will be made once the copy(s) have been issued.

PAYMENT OPTIONS:

Mail orders - Include with this application sufficient money, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the "Monterey County Recorder." Mail this application along with the fee to the Monterey County Recorder's Office, PO Box 29, Salinas, CA 93902 or 168 W. Alisal St, 1st Floor, Salinas, CA 93901. Please allow 3-5 business days for processing time.

Walk-in customers - Doors are open 8 a.m. to 5:00 p.m., Monday - Friday, excluding holidays.

CERTIFICATE INFORMATION-Please indicate the type of certificate requested and print legibly or type all information below. By my signature I understand that I am to provide exact spelling of the name that appears on the certificate or I will be charged for each additional name search.

Name on Certificate - First Name		Middle Name	Last Name on Certificate	
Second Person on Certificate (Marriage) – First Name		Middle Name	Last Name on Certificate	
City or Town of Event		Maiden Name of Mother (Birth and Death Only)	Name of Father (Birth and Death only)	
(Birth Cert. Only) Male Female Sex: <input type="checkbox"/> <input type="checkbox"/>	Date of Event (date of birth, death or marriage)	Number of Copies Requested	Certified Copy <input type="checkbox"/>	Informational Copy <input type="checkbox"/>
			Please Indicate:	

APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE

1. When **Appearing In Person - COMPLETE BOTH TOP AND BOTTOM PORTIONS.** Monterey County requires photo identification. You will need to sign the application under penalty of perjury in front of a member of our staff.
2. **Mail Requests - Complete both top and bottom portions. See the reverse side.**

Purpose of Request (ie: passport, insurance, school, sports etc.)		Relationship to Certificate Holder (ie: self, parent, grandparent, child etc.) (See page 3)		
Name or person Completing Application		Daytime Telephone Number – Area Code First		
Mailing Address – Number, Street, and Unit # (if Applicable)		City	State	Zip Code

- Informational Copies - I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes.
- Certified Copies - I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ Date _____ Signature _____

BELOW SECTION FOR RECORDER'S USE ONLY

Reel & Pg / Certificate Number	Copy made by (Initials):	Bank Note Paper Number(s)	Reg <input type="checkbox"/>	Inf. Copy <input type="checkbox"/>
Date Processed	Counter <input type="checkbox"/> Mail <input type="checkbox"/>	Type of ID and ID Number	Cashiered by (Initials):	



**County of Monterey Clerk-Recorder
APPLICATION FOR CERTIFIED COPY**

**To obtain an authorized certified copy you must check the appropriate box below:
I am authorized to obtain an Authorized Certified Copy of the requested certificate
because I am:**

- The registrant 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, 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.(Include a certified copy of the court of the court order with this request)
- 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's estate. (If by power of attorney, include a copy of the power of attorney with this request)
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- 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) to (5), inclusive, of subdivision (a) Section 7100.

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- I am NOT authorized to obtain an Authorize Certified Copy of the requested certificate. I understand that by placing a check by this statement I will receive an Informational Copy of the vital record request that will be marked "Informational, not a valid document to establish identity".