

# SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws  
 (Printed Name)  
 of the State of California, 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 or death record of the following  
 individual(s):

NAME OF PERSON LISTED ON CERTIFICATE	RELATIONSHIP TO PERSON LISTED ON CERTIFICATE

Sworn this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.  
 (day) (Month) (City)  
 \_\_\_\_\_  
 (State) \_\_\_\_\_  
 (Signature of Requesting Party)

**NOTE: IF YOU ARE SUBMITTING THIS REQUEST BY MAIL, YOU MUST HAVE YOUR SWORN STATEMENT NOTARIZED USING THE CERTIFICATE OF ACKNOWLEDGEMENT BELOW:**

**Certificate of Acknowledgement**

State of \_\_\_\_\_, for the County of \_\_\_\_\_  
 On \_\_\_\_\_ before me, \_\_\_\_\_,  
 (Date) (Name/Title of Officer)  
 personally appeared \_\_\_\_\_,  
 Name(s) of Signer(s)

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 SEAL):**

\_\_\_\_\_  
**Signature of Notary**  
 Title or Type of Document \_\_\_\_\_  
 Number of Pages (Including this Acknowledgement) \_\_\_\_\_  
 Date of Document: \_\_\_\_\_

**CAPACITY CLAIMED BY SIGNER**

Individual

Corporate Officer(s) Titles: \_\_\_\_\_

Partner(s)

Attorney-in-Fact

Trustee(s)

Subscribing Witness

Guardian/Conservator

Other \_\_\_\_\_

**SIGNER IS REPRESENTING:**  
 Name of Person(s) or Entity(ies)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_