

CERTIFICATE OF IDENTITY STATEMENT

I, _____, swear under penalty of perjury under the laws of
(Printed Name)
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 an Authorized Certified Copy of the birth or death record of the following individual(s):

Name of Person Listed on Certificate (Registrant)	State Your Relationship to the Person Listed on Certificate

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

(Signature)

NOTE: If submitting your order by mail or messenger, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

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
(date) (printed name and title of officer authorized to take acknowledgments)

_____ who proved to me on the basis of satisfactory evidence to be the
(print name of person)

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



Notary Seal