

For official use only: Certificate #:	
Gov't agency	Clerk initials

CERTIFIED COPY

"WILDFIRE" BIRTH RECORD

Today's Date: _				Number of copies requ	iested:1
			(No Fee)		
Birth Record In	nformation:		-		
Name on Certificate	First		Middle	Loot	
5	riisi	D	Middle	Last	
Date of _ Birth	// Month/Day/Year	Place of Birth	City	County	State
	•	Dirai	Oity	County	State
Father's Name: _	First		Middle	Last	
Natharia Maida			Middle	Last	
Mother's <u>Maide</u>	<u>n</u> Name: First		Middle	Last	
			propriate Boxe S Code 103526 below)	<u>es</u>	
	CERTIFIED COPY orn statement required)	f the record			
The California H8 records. I am:	S Code 103526, permit	s only persons as de	efined below to receive Auth	horized certified copies of	Birth and Death
☐ The registrant	or a parent or legal guardia	an of the registrant.			
	d to receive the record as a e requirements of Section :		or an attorney or a licensed acmily Code.	doption agency seeking the b	irth record in order to
☐ A member of a	a law enforcement agency of	or a representative of a	nother governmental agency, a	as provided by law, who is co	nducting official business.
☐ A child, grandp	parent, grandchild, sibling,	spouse, or domestic pa	artner of the registrant.		
	presenting the registrant or egistrant or the registrant's		or any person or agency empo	owered by statute or appointe	ed by a court to act on
Applicant Infor	mation:				
	-		Talambay - N1	,	
Name:	(Print Name)		Telephone Number:	()	
Addross:	(*,				
Address:	Number and Stre	et	City	State	Zip Code
	SW	ORN STATEM	IENT (must be co	mpleted)	
l,	, declare under penalty of perjury under the laws				
	California, that I am ar	authorized persor	n, as defined in California and/or attached individua), and am eligible to
	,				
Sworn on	/ (Date and Pla		<u> </u>	(Signature)	

Note: You may submit your order by mail, fax or in person.

SWORN STATEMENT

I,, declare under pen (Applicant's Printed Name)	nalty of perjury under the laws of the State of California, that I am an authorized			
person, as defined in California Health and Safety Code Section (Camp, Hill, or Woolsey) Fire and lost certified copies of birth, de	103526 (c), and that I am a survivor of the Butte, Los Angeles, or Ventura Count leath, or marriage records as a result.			
Pursuant to the Governor's Proclamations of a State of Emerger certificate of the following individual(s):	ncy, I am eligible to receive a free certified copy of the birth, death, or marriage			
	Applicant's Relationship to Person Listed on Certificate			
Name of 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 Notar	ry Public or CDPH Vital Records staff.)			
Subscribed to this day of (Month)	_, 20, at (City) (State)			
	(Applicant's Signature)			
governmental agencies are exempt from the notary requi CERTIFICATE	irement.) OF ACKNOWLEDGMENT			
identity of the individual who sig	r completing this certificate verifies only the gned the document to which this certificate is ness, accuracy, or validity of that document.			
State of)				
County of)				
nbefore me, (insert name and title of the officer)	_, personally appeared,			
ho proved to me on the basis of satisfactory evidence to be the pers	son(s) whose name(s) is/are subscribed to the within instrument and			
cknowledged to me that he/she/they executed the same in his/her/t	their authorized capacity(ies), and that by his/her/their signature(s) on			
he instrument the person(s), or the entity upon behalf of which the p	person(s) acted, executed the instrument. I certify under PENALTY OF			
ERJURY under the laws of the State of California that the foregoing page 1	paragraph is true and correct			
	WITNESS my hand and official seal. (SEAL)			
SIGNATURE OF NOTARY PUBLIC				