SOLANO COUNTY VITAL STATISTICS
BIRTH CERTIFICATE REQUEST FORM
275 BECK AVE, FAIRFIELD 94533
Phone No. (707) 784-8060
Email: VitalStatistics@SolanoCounty.com

No. of copies requested:_____($34.00 each)

Mail _____ Pick-up _____

******Notary only required if NOT picking up request in person******

BABY'S NAME: _____
First Middle Last

Date of Birth:_____ City of Birth:_____ Relationship to Baby/Child: _____

APPLICANT INFORMATION

SWORN STATEMENT

I, _____, certify (or declare) under the penalty of perjury 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 death record identified on this application form, and that the foregoing is true and correct.

Sworn this date: _____ Signature: _____

Applicant Mailing Address: _____
Street City State Zip Code

Phone No. (Required): (____)_____ Email: _____

Please place photo ID here for in person pickup:

Please have application notarized for mailing of certificate(s)