



**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 birth 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)