



MONO COUNTY SWORN STATEMENT

I, _____, swear under penalty 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 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

Name of Person(s) Listed on Certificate	Relationship to Person(s) Listed on Certificate

Sworn this _____ day of _____ at _____
(Day) (Month) (Year) (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. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGEMENT

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, _____
(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 _____
No. of Pages (Including this Acknowledgement) _____

Date of Document _____