SWORN STATEMENT

_, declare under penalty of perjury under the laws of the

(Applicant 31 inter Name)			
State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and that I am a survivor of the Palisades, Eaton, Hurst, Lidia, or Woodley Fires and lost certified copies of birth, death, or marriage records as a result. Pursuant to the Governor's Proclamations of a State of			
		Emergency, I am eligible to receive a free certified copy of	f the birth, death, or marriage certificate of the
		following individual(s):	
Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)		
(The remaining information must be completed in the present	nce of a Notary Public or CDPH Vital Records staff.)		
Subscribed to this day of , 20, at	(City) (State)		
(Day) (Month)	(City) (State)		
	(Applicant's Signature)		
CERTIFICATE OF	ACKNOWLEDGMENT		
A notary public or other officer completing this certificate vidocument to which this certificate is attached, and not the	, ,		
State of			
County of			
On before me, (Insert name and title of the	ne officer) , personally appeared,		
who proved to me on the basis of satisfactory evidence to be the	e 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 instru	ment the person(s), or the entity upon behalf of which		
the person(s) acted, executed the instrument. I certify under PEN	ALTY OF PERJURY under the laws of the State of		
California that the foregoing paragraph is true and correct			
(CIONATURE OF NOTARY RURLIO)	WITNESS my hand and official seal. (SEAL)		
(SIGNATURE OF NOTARY PUBLIC)			