

INSTRUCTIONS FOR REQUESTING A COPY OF A
**CERTIFICATE, TRANSCRIPT,
EMPLOYMENT or HEALTH
RECORD**

1. Check which type of copy you are requesting:
 - a. **For Authorized Certified Copies:** You must complete the entire Application form, including the *Certificate of Identity Statement* (see instructions below).
 - b. **For Informational Copies:** You are only required to complete the Applicant and Registrant information sections of the application. The *Certificate of Identity Statement/Certificate of Acknowledgment* is not required for an Informational copy.
2. "I am:" Section: Check the box that pertains to your relationship to the Registrant (person named on the certificate).
3. **Certificate of Identity Statement/Certificate of Acknowledgment** (same page): Must be completed and signed under penalty of perjury. NO application may submitted in person, or by mail the *Certificate of Identity Statement* must be signed in the presence of the Notary Public and the Notary Public must complete the Certificate of Acknowledgment(lower part of page) before submitting your request. If you place your order by mail it will be denied automatically without notice. Once again, if you place your order by the Internet, you must complete and sign the sworn *Certificate of Identity Statement* in the presence of a Notary Public and the Notary Public must complete the *Certificate of Acknowledgment* (lower part of page) before submitting your request.

PLEASE NOTE: Only one notarized *Certificate of Identity Statement/Certificate of Acknowledgment* is required for multiple documents requested at the same time; however, the *Certificate of Identity Statement* must include the name of each individual whose certificate, health record, transcript or employment record you wish to obtain and your relationship to that individual. The front portion of the application must be completed for each individual you are requesting birth/death certificate copies for.

4. **Fees:** Fees may be paid by debit or credit card only online, fee's may not be mailed in. Please do not send cash. We are not responsible for lost cash, checks, or money orders. .
 - a. Fees for copies or searches of Certificates: \$15 for each copy or search*
 - b. Fees for copies or searches of Transcripts: \$10 for each copy or search*
 - c. Employment Record \$10 for each copy or search*
 - e. Health Record \$25 for each copy or search*

*If no record is found the fee is retained for the search effort (as required by statute).
5. **Internet Orders:** May be placed online through www.leblancConsulting.net an additional fee of \$11 is charged for use of this service. Carefully follow all instructions on the website when placing your order.
NOTE: The completed application and the Certificate of Identity Statement/Certificate of Acknowledgment (see #3 above for instructions) must be submitted with Internet orders.
6. **Mail Requests:** Are not accepted

APPLICATION FOR COPY OF CERTIFICATE, TRANSCRIPT, EMPLOYMENT OR HEALTH RECORD

NOTICE: Orders sent by mail or messenger will not be accepted. Certificate of Identity Statement, sworn under penalty of perjury and executed before a Notary Public (see accompanying instructions) must be completed, uploaded, or emailed in.

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of health records. Those who are not authorized by law to receive an Authorized Certified Copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate whether you would like an

I would like an **Authorized Certified Copy** of the record identified on the application form. *(In order to receive an Authorized Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below; AND complete the Certificate on the BACK SIDE.)*

I would like a certified **Informational Copy** of the record identified on the application form. *(You are not required to select from the list below nor required to complete the backside of this form in order to receive an Informational Copy.)*

I am:

- The registrant (person named on the certificate) or a parent or legal guardian of the registrant.
- A party entitled to receive the record as a result of a court order, or an attorney or a licensed agency seeking the record in order to comply with the requirements of Sections of the Family Code.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant (person named on the certificate).
- An attorney representing the registrant (person named on the certificate) or the registrant's estate, or any person or agency empowered by statute or appointed by court to act on behalf of the registrant or the registrant's estate.
- An agent/employee of a funeral establishment, acting within the scope of employment, who is ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

Attention: Read accompanying instructions before completing this form.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application	Today's Date	# Copies	Telephone Number – Area Code First ()	
Address – Number, Street	City	State	ZIP Code	
Name/Address of Person Receiving Copies, If Different From Above	City	State	ZIP Code	

REGISTRANT INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First		Middle	Last
Date of Birth		Place of Birth – City or Town, State	
Certificate, Employment, or Health Start Date			Certificate
Number of Years with LeBlanc			Place of

For Official Use Only						
Type of Certificate circle one Anger Management Stress Reduction	Checked By	Filled By	Delivered By	Date Delivered	Type Issued Certified	Informational
<input type="checkbox"/> Certificate #	Bond Paper #		<input type="checkbox"/> DL / ID # <input type="checkbox"/>			

CERTIFICATE OF IDENTITY STATEMENT

I, _____, swear under penalty of perjury under the laws of
(Printed Name)
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 an Authorized Certified Copy of Health, Employment, Certificates and Transcript record of the following individual(s):

Name of Person Listed on Certificate (Registrant)	State Your Relationship to the Person Listed on Certificate

Sworn this _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)

(Signature)

NOTE: If submitting your order by mail or messenger, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

CERTIFICATE OF ACKNOWLEDGMENT

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, _____, personally appeared
(date) (printed name and title of officer authorized to take acknowledgments)

_____ who proved to me on the basis of satisfactory evidence to be the
(print name of person)

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 SIGNATURE



Notary Seal