



Application to Amend a Birth Record

Introduction

Use the Application to Amend a Birth Record (VS 24B) form to:

- **Amend a Birth Record** (See [checklist on page 3](#))
 - Correct spelling errors
 - Add the child's first, middle, or last name to blank fields
 - Correct the sex field, date, time, or place of birth of the child
 - Add a parent's new name after a court order or naturalization process
 - Correct parents' place or date of birth
- **Change Child's Sex Field to Reflect Gender Identity** (See [checklist on page 7](#))
- **Change Parent Designation to Reflect Gender Identity on Child's Birth Certificate** (See [checklist on page 11](#))

- Please see [page 15](#) for a list of frequently asked questions and answers.
- For other amendment types, please visit the CDPH-VR website at www.cdph.ca.gov.

Mailing Address

Mail completed application and appropriate fee(s) to the address below:

**CDPH – Vital Records
MS 5105
P.O. Box 997410
Sacramento, CA 95899-7410**

- Amended certificates are mailed via USPS First Class and do not contain a tracking number.
- You may provide a self-addressed prepaid envelope that utilizes tracking with your request.

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Amend a Birth Record Checklist

Use this checklist to:

- Correct spelling errors
- Add the child's first, middle, or last name to blank fields
- Correct the sex field, date, time, or place of birth of the child due to hospital or Local Registrar error
- Add a parent's new name after a court ordered name change
- Correct parents' place or date of birth

☐ Properly Completed VS 24B Form

- ☐ Applicant name and mailing address are completely filled out.
- ☐ Part 1 matches the current birth certificate.
- ☐ Part 2:
 - Lists item(s) to correct.
 - Lists reason for the correction.
 - *Ex: If correcting a hospital or Local Registrar error, "To correct hospital error," or "To correct Local Registrar error."*
 - *Ex: If the parent obtained a name change via court order or naturalization process and is adding their new name on the child's certificate, "To add parent's court ordered name change pursuant to [court name], court case number, dated MM/DD/YYYY," or "To add parent's name change following the naturalization process dated MM/DD/YYYY."*
- ☐ Both signature fields are signed and dated:
 - If correcting hospital or Local Registrar error, one signature must be the physician, birthing hospital administrator, or representative of the Local Registrar.

☐ Required Documentation

Please provide the required document(s) that applies to the changes you are requesting for:

- ☐ A photocopy of the parent's birth certificate if correcting a typographical error on the name, date, or place of birth of child's parent.
- ☐ A photocopy of child's social security card (number can be blacked out), ID, or passport showing correct spelling of the name if adding the child's name to blank fields or correcting a typographical error in the name.
- ☐ A certified copy of the parent's court ordered name change or photocopy of the naturalization certificate and Petition for Name Change form from the Department of Homeland Security if adding parent's new name to the child's certificate. (See [Certified Court Order Requirements on page 14](#)).
- ☐ A photocopy of the child's birth certificate (optional).
- ☐ If documents are not written in English, must include a certified English translation.

☐ Payment (See [Appropriate Fees on page 14](#))

Check or money order in US dollars, made payable to CDPH Vital Records. **PLEASE DO NOT SEND CASH.**

☐ Completed Notarized Sworn Statement

Application to Amend a Birth Record

Form Instructions: Amend a Birth Record

Part 1

Must match the current certificate:

- It should show any incorrect information **as it appears** on the current record.
- If any of the information in Part 1 was **previously amended**, the changes must be reflected in Part 1 of the VS 24B form.

Example:

Part 1: Provide the following information so that CDPH-Vital Records can identify the original birth record. This should reflect how it appears now - before the correction. Please provide as much information as possible.		
First Name Michhael	Middle Name ---	Last Name Doe
Date of Birth 05/12/2005	City of Birth (if known) Sacramento	County of Birth Sacramento
Full Name of First Parent Mary Jane Smith		Full Name of Second Parent (if applicable) John --- Doe

Part 2: Items to Correct

Check the item that needs to be changed and provide the new corrected name or value.

Example:

Part 2: Items to Correct - Leave items blank if no change is requested.			
Items To Change (commonly corrected items)		Enter the New Corrected Name or Value	
Check the box to the right → if you want to change	<input checked="" type="checkbox"/>	Child's First Name	Michael
	<input checked="" type="checkbox"/>	Child's Middle Name	John
	<input type="checkbox"/>	Child's Last Name	
	<input type="checkbox"/>	Date of Birth	
	<input checked="" type="checkbox"/>	Sex	Male
	<input type="checkbox"/>	1st Parent, First Name	
	<input type="checkbox"/>	1st Parent, Middle Name	
	<input checked="" type="checkbox"/>	1st Parent, Last Name	Jones

Application to Amend a Birth Record

Form Instructions: Amend a Birth Record (Continued)

Part 2: Reason for the Correction

The reason for the correction should state the change(s) being made and provide a reason.

- *Ex:* If correcting the **sex field, date, time, or place of birth** due to a hospital or Local Registrar error, “*To correct hospital error,*” or “*To correct Local Registrar error.*”
- *Ex:* If adding a child’s middle name to a **blank field**, “*To add registrant’s name to blank field.*”
- *Ex:* If adding a parent’s new name after a **court order name change or naturalization process**, include the court name, court case number, and date, “*To add the mother’s name change pursuant to Superior Court of California, County of Sacramento, Court Case Number CV 2022ABC, dated 04/05/2021.*”
 - Note: Unless specified on the Name Change Order, an AKA (also known as) will not be added to the new name.

Example:

Enter the Reason for the Correction: ♦

To add the mother's name change pursuant to Superior Court of California, County of Sacramento, Court Case Number ABC12345, dated 04/05/2021.

Part 2: Signatures

Two people with personal knowledge of the facts must sign and complete this section.

- If correcting the **sex field, date, time, or place of birth** of the child **due to a hospital administrator or Local Registrar error**, one of the signers must be a hospital or Local Registrar representative
- The second signer may be one of the following:
 - The child, child’s parent, legal guardian, or conservator

Example:

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information above is true and correct.			
<u>TWO</u> persons must sign this form to correct a birth record	Signature of 1st Person ♦ <i>Janet Jackson</i>	Printed Name ♦ Janet Jackson	Relationship ♦ Birth Clerk
	Date Signed ♦ 05/04/2021	Address (Street and Number, City, State, and Zip) ♦ 4321 Columbus Drive, Sacramento, CA 95815	
	Signature of 2nd Person ♦ <i>Mary Jane Smith</i>	Printed Name ♦ Mary Jane Smith	Relationship ♦ Mother
	Date Signed ♦ 05/04/2021	Address (Street and Number, City, State, and Zip) ♦ 1234 Hyde Street, Sacramento, CA 95814	

End of “Form Instructions: Amend a Birth Record.”

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Change Child's Sex Field to Reflect Gender Identity Checklist

Use this checklist to change the sex listed on the child's birth certificate to female, male, or nonbinary to reflect gender identity and, if applicable, a court ordered name change.

Note: This is not the same as correcting the sex field due to a hospital or Local Registrar error.

☐ **Properly Completed VS 24B Form**

- ☐ Applicant name and mailing address is completely filled out.
- ☐ Part 1 matches the current birth certificate.
- ☐ Part 2:
 - Lists item(s) to correct.
 - Lists reason for the correction.
 - Ex: If NOT using a court order, self-attest to change the sex listed on the birth certificate, *"To match the sex specified on my birth certificate to reflect my gender identity, and not for any fraudulent purposes."*
 - Ex: If using a court order to change the sex listed (and name, if applicable) on the birth certificate, *"To match the sex specified on my birth certificate to reflect my gender identity and registrant name change pursuant to [court name], court case number, dated MM/DD/YYYY."*
- ☐ One of the signature fields must be signed and dated by any of the following listed below.

Note: This is an exception to the two signatures required on the VS 24B form.

 - Registrant
 - Parent
 - Legal guardian

☐ **Required Documentation**

- ☐ A certified copy of the court order to change the sex listed to match gender identity if using a court order.
- ☐ A certified copy of the court ordered name change if changing the name at the same time as the sex field (See [Certified Court Order Requirements on page 14](#)).
- ☐ A photocopy of current birth certificate (optional).
- ☐ If documents are not written in English, must include a certified English translation.

☐ **Payment** (See [Appropriate Fees on page 14](#))

Check or money order in US dollars, made payable to CDPH Vital Records. **PLEASE DO NOT SEND CASH.**

☐ **Completed Notarized Sworn Statement**

Application to Amend a Birth Record

Form Instructions: Change Child's Sex Field to Reflect Gender Identity

Part 1:

Must match the current birth certificate, as outlined on [page 4](#).

Part 2: Items to Correct

Check the item that needs to be changed and provide the new corrected name or value.

Example:

Part 2: Items to Correct - Leave items blank if no change is requested.			
Items To Change (commonly corrected items)			Enter the New Corrected Name or Value
Check the box to the right →	<input checked="" type="checkbox"/>	Child's First Name	Mary
	<input checked="" type="checkbox"/>	Child's Middle Name	Jane
	<input type="checkbox"/>	Child's Last Name	
	<input type="checkbox"/>	Date of Birth	
	<input checked="" type="checkbox"/>	Sex	Female
	<input type="checkbox"/>	1st Parent, First Name	

Part 2: Reason for the Correction

The reason for the correction should state the change(s) being made and provide a reason.

- *Ex: "To match the sex specified on my birth certificate to reflect my gender identity and not for any fraudulent purposes."*

If changing the registrant's name at the same time the sex field is being changed, include the court name, court case number, and date. Note: Unless specified on the Name Change Order, an AKA (also known as) will not be added to the new name.

Example:

Enter the Reason for the Correction: ♦ To match the sex specified on my birth certificate to reflect my gender identity and not for any fraudulent purposes. Name is changed pursuant to Superior Court of California, County of Sacramento, Court Case Number 2022DEF, dated 04/05/2021.
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Application to Amend a Birth Record

Form Instructions: Change Child's Sex Field to Reflect Gender Identity (Continued)

Part 2: Signatures

Only the person changing their gender on the birth certificate is required in this section.

Note: This is an exception to the two signatures required on the VS 24B form.

Example:

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information above is true and correct.			
<u>TWO</u> persons must sign this form to correct a birth record	Signature of 1st Person ♦ <i>Mary Jane Smith</i>	Printed Name ♦ Mary Jane Smith	Relationship ♦ Self
	Date Signed ♦ 05/04/2021	Address (Street and Number, City, State, and Zip) ♦ 1234 Hyde Street, Sacramento, CA 95814	
	Signature of 2nd Person ♦	Printed Name ♦	Relationship ♦
	Date Signed ♦	Address (Street and Number, City, State, and Zip) ♦	

End of "Form Instructions: Change Child's Sex Field to Reflect Gender Identity."

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Change Parent Designation to Reflect Gender Identity on Child's Birth Certificate Checklist

Use this checklist to change parent designation as mother, father, or parent on child's birth certificate to reflect the parent's gender identity and, if applicable, a court ordered name change.

☐ Properly Completed VS 24B Form

- ☐ Applicant name and mailing address is completely filled out.
- ☐ Part 1 matches the current birth certificate.
- ☐ Part 2:
 - Lists item(s) to correct.
 - Lists reason for the correction.
 - *Ex: If NOT using a court order, self-attest to change parent designation on child's birth certificate, "To change the parent designation to conform to my gender identity and is not for fraudulent purposes."*
 - *Ex: If using a court order to change the parent designation (and name, if applicable) on child's birth certificate, "To change the parent designation to conform to my gender identity and is not for fraudulent purposes and to change parent name pursuant to [court name], court case number, dated MM/DD/YYYY."*
- ☐ One of the signature fields must be signed and dated by the parent whose gender and sex identifier has been changed as mother, father, or parent. Note: This is an exception to the two signatures required on the VS 24B form.

☐ Required Documentation

- ☐ At least one of the following:
 - A certified copy of the court-ordered change of gender.
 - A photocopy of the parent's new birth certificate reflecting a change of gender and sex identifier.
 - A photocopy of the government-issued identity document reflecting the parent's change of gender and sex identifier.
 - An affidavit attesting under penalty of perjury that the request for a change of the designation of the petitioner is to conform to their gender identity and is not made for a fraudulent purpose. *(In lieu of a separate document, the parent may enter the self-attestation language in "reason for the correction" on the VS 24B form).*

AND (if applicable):

- ☐ A certified copy of the court-ordered name change (See [Certified Court Order Requirements on page 14](#)).
- ☐ If child is 18 years or older, a notarized letter stipulating to the change to the adult child's birth certificate. The letter must state, *"I, (adult child's full name), stipulate to an issuance of a new birth certificate for me that reflects my parent's legal gender and name."*
- ☐ If documents are not written in English, must include a certified English translation.

☐ Payment (See [Appropriate Fees on page 14](#))

Check or money order in US dollars, made payable to CDPH Vital Records. **PLEASE DO NOT SEND CASH.**

☐ Completed Notarized Sworn Statement

Application to Amend a Birth Record

Form Instructions: Change Parent Designation to Reflect Gender Identity on Child's Birth Certificate

Part 1:

Must match the current birth certificate, as outlined on [page 4](#).

Part 2: Items to Correct

Check the item that needs to be changed and provide the new corrected name or value. If the item is not listed, provide a descriptive name of the item to be changed.

Example:

Part 2: Items to Correct - Leave items blank if no change is requested.			
Items To Change (commonly corrected items)			Enter the New Corrected Name or Value
Check the box to the right → if you want to change or correct this item	<input type="checkbox"/>	Child's First Name	
	<input type="checkbox"/>	Child's Middle Name	
	<input type="checkbox"/>	Child's Last Name	
	<input type="checkbox"/>	Date of Birth	
	<input type="checkbox"/>	Sex	
	<input checked="" type="checkbox"/>	1st Parent, First Name	Morgan
	<input checked="" type="checkbox"/>	1st Parent, Middle Name	Joe
	<input type="checkbox"/>	1st Parent, Last Name	
	<input type="checkbox"/>	1st Parent, Date of Birth	
	<input type="checkbox"/>	2nd Parent, First Name	
	<input type="checkbox"/>	2nd Parent, Middle Name	
	<input type="checkbox"/>	2nd Parent, Last Name	
	<input type="checkbox"/>	2nd Parent, Date of Birth	
Other Items Not Listed Above - Enter a descriptive name of the item to change.			Enter the New Corrected Name or Value
1st Parent Gender Designation - Mother			Parent

Part 2: Reason for the Correction

The reason for the correction should state the change(s) being made and provide a reason.

- Ex: "To change the parent designation to conform to my gender identity and is not for fraudulent purposes."

If changing the parent's name at the same time the parent designation field is being changed, include the court name, court case number, and date. Note: Unless specified on the Name Change Order, an AKA (also known as) will not be added to the new name.

Example:

Enter the Reason for the Correction: ♦ To change the parent designation to conform to my gender identity and not for any fraudulent purposes. Name is changed pursuant to Superior Court of California, County of Sacramento, Court Case Number 2022GHI, dated 04/05/2021.

Application to Amend a Birth Record

Form Instructions: Change Parent Designation to Reflect Gender Identity on Child's Birth Certificate (Continued)

Part 2: Signatures

Only the parent whose gender and sex identifier has been changed as mother, father, or parent is required in this section.

Note: This is an exception to the two signatures required on the VS 24B form.

Example:

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information above is true and correct.			
<u>TWO</u> persons must sign this form to correct a birth record	Signature of 1st Person ♦ <i>Morgan Joe Smith</i>	Printed Name ♦ Morgan Joe Smith	Relationship ♦ Parent
	Date Signed ♦ 05/04/2021	Address (Street and Number, City, State, and Zip) ♦ 5678 Hyde Street, Sacramento, CA 95814	
	Signature of 2nd Person ♦	Printed Name ♦	Relationship ♦
	Date Signed ♦	Address (Street and Number, City, State, and Zip) ♦	

End of "Form Instructions: Change Parent Designation to Reflect Gender Identity on Child's Birth Certificate."

Application to Amend a Birth Record

Certified Court Order Requirements (if applicable)

- ✓ Original court certification stamp and court seal with court clerk's signature (cannot be a photocopy).
- ✓ Judge's signature or signature stamp.
- ✓ Certified English translation (if applicable).
- ✓ For name changes, must state the name listed on the current birth certificate and list what the name is being changed to.

Appropriate Fees

Check or money order in US dollars, made payable to CDPH Vital Records. **PLEASE DO NOT SEND CASH.**

If submitting the amendment WITHIN ONE (1) YEAR of child's date of birth:

- There is no fee to register the amendment and does not include a certified copy of the amended certificate.
- The fee is \$29 per certified copy for the amended certificate.

If submitting the amendment ONE (1) YEAR OR MORE AFTER the child's date of birth:

- The fee is \$26 to register the amendment and includes one new amended certified copy of the certificate.
- Additional certified copies of the amended certificate are \$29 each.

If submitting an amendment for ANY OF THE REASONS below, there is a \$26 fee (includes one certified copy of the amended certificate) regardless of date of birth:

Note: Additional certified copies of the amended certificate are \$29 each.

- Correcting the sex field due to a hospital or Local Registrar error
- Changing child's sex field to reflect gender identity
- Changing parent designation to reflect gender identity on child's birth certificate

Application to Amend a Birth Record

Frequently Asked Questions

Q: Where can I find application forms and informational pamphlets?

A: Application forms, including informational pamphlets for all amendment types, are located on the CDPH-VR Forms: Birth Death Marriage Certificates webpage.

(<https://www.cdph.ca.gov/Programs/PSB/Pages/BirthDeathMarriageCertificates.aspx>)

Q: What is the current processing time?

A: Current processing times are listed on the CDPH-VR Processing Times webpage.

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>)

Q: Once the amendment is registered, what happens to the birth certificate?

A: Amendments become part of the original certificate, resulting in a multi-page certificate. You must keep the birth certificate with all amendments attached for the birth certificate to be valid. However, changes in gender or parentage and removing racial slurs will always result in a corrected one-page certificate.

Q: Will my supporting documents be returned?

A: Supporting documents, including sworn statements and courts orders, are not returned once the amendment is registered. Please keep copies of all documents submitted.

Q: What if I still have questions?

A: Please contact our Customer Service Unit by email at CHSIVitalRecords@cdph.ca.gov or telephone at (916) 445-2684.

For questions relating to gender changes per Assembly Bill (AB) 218, please visit the
Frequently Asked Questions (FAQ) on
[www.cdph.ca.gov/Programs/CHSI/Pages/Assembly-Bill-\(AB\)-218.aspx](https://www.cdph.ca.gov/Programs/CHSI/Pages/Assembly-Bill-(AB)-218.aspx).

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Application to Amend a Birth Record (VS 24B)

(page 1 of 2)

Applicant Name and Mailing Address

Name: _____ Street: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____

Calculate the Fee

(this depends on the date of birth, use the appropriate table)

<u>Within</u> one year of date of birth	
Amendment Fee (amended copy <u>not</u> included)	\$0
Fee for Copy of Amended Record (\$29 each)	
Total Fee	

<u>After</u> one year of date of birth	
Amendment Fee (1 amended copy included)	\$26
Fee for Additional Copies (\$29 each)	
Total Fee	

For any of the following amendments, please use the "After one year date of birth" box above to calculate the fee:

- Correcting the sex field due to a hospital or Local Registrar error
- Changing child's sex field to reflect gender identity
- Changing parent designation to reflect gender identity on child's birth certificate

Please Read the Instructions Carefully

Step 1: Complete page 2 of this form and include information for all required fields.

Step 2: Complete and include a Notarized Sworn Statement (form VS 20) if you are requesting a copy of the amended record (this applies to most requests). A copy of this form is downloadable from: <https://www.cdph.ca.gov> (type VS 20 in the Search Field).

Step 3: Include a certified copy of the Court Order (if applicable). Please review the pamphlet to determine if you need a court order.

Step 4: Include a check or money order for fee calculated above. Make the check or money order payable to CDPH - Vital Records. **PLEASE DO NOT SEND CASH.**

Step 5: If you have any questions on how to complete these forms, please email your questions to CHSIVitalRecords@cdph.ca.gov before submitting your package.

Step 6: Mail all of the items above to:

CDPH - Vital Records
MS 5105
P.O. Box 997410
Sacramento, CA 95899-7410



VS24-S1

VS 24B (1/2023)

Part 1: Provide the following information so that CDPH-Vital Records can identify the original birth record. This should reflect how it appears now - before the correction. Please provide as much information as possible.

First Name	Middle Name	Last Name
Date of Birth	City of Birth (if known)	County of Birth
Full Name of First Parent		Full Name of Second Parent (if applicable)

Part 2: Items to Correct - Leave items blank if no change is requested.

Items To Change (commonly corrected items)		Enter the New Corrected Name or Value
Check the box to the right → if you want to change or correct this item	<input type="checkbox"/> Child's First Name	
	<input type="checkbox"/> Child's Middle Name	
	<input type="checkbox"/> Child's Last Name	
	<input type="checkbox"/> Date of Birth	
	<input type="checkbox"/> Sex	
	<input type="checkbox"/> 1st Parent, First Name	
	<input type="checkbox"/> 1st Parent, Middle Name	
	<input type="checkbox"/> 1st Parent, Last Name	
	<input type="checkbox"/> 1st Parent, Date of Birth	
	<input type="checkbox"/> 2nd Parent, First Name	
	<input type="checkbox"/> 2nd Parent, Middle Name	
	<input type="checkbox"/> 2nd Parent, Last Name	
<input type="checkbox"/> 2nd Parent, Date of Birth		

Other Items Not Listed Above - Enter a descriptive name and the incorrect name or value.	Enter the New Corrected Name or Value

Enter the Reason for the Correction: ♦

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information above is true and correct.

TWO persons must sign this form to correct a birth record	Signature of 1st Person ♦	Printed Name ♦	Relationship ♦
	Date Signed ♦	Address (Street and Number, City, State, and Zip) ♦	
	Signature of 2nd Person ♦	Printed Name ♦	Relationship ♦
	Date Signed ♦	Address (Street and Number, City, State, and Zip) ♦	



SWORN STATEMENT INSTRUCTIONS

- Only one sworn statement is required for multiple records.
- Sworn statements are not required for informational copy requests.
- Authorized individuals must complete the top portion of the sworn statement by signing and identifying their relationship to person listed on certificate.
- Sworn statements must be notarized for authorized copy requests. **Law enforcement, governmental agencies, and funeral establishments (death records only) are exempt from the notary requirement, but must complete the top portion of the sworn statement page.**
- A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.

RELATIONSHIP TO REGISTRANT**List of Authorized Persons:**

- The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.
- Any agent or employee of a funeral establishment who acts within the course and scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8).
- Surviving next of kin (As specified in HSC § 7100).

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Applicant's Printed Name)

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, 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 presence of a Notary Public.)

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

(Applicant's Signature)

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 _____,
 (Insert name and title of the officer)

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.
 (SEAL)

 (SIGNATURE OF NOTARY PUBLIC)

