## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

NO	TICE: Orders received by mail must n	ave an attached <u>i</u>	notarized S	worn statemen	t. (See instructio	ms)		
Co <sub>l</sub> mar Autl I.D.	e California Health and Safety Code, Section of a birth records. Those who are not ked "INFORMATIONAL, NOT A VALID norized Certified Copy or a Certified Information, passport, or apply for insurance coverage of the feet for the section.	authorized by law DOCUMENT TO E mational Copy. If rerage, then a Cert	to receive a ESTABLISH the requestor tified copy m	certified copy of IDENTITY." Por will use the coust be obtained	will receive an info lease indicate wh ertificate to obtain I.	ormationa ether you a driver's	Il certified copy I would like an Is license, state	
	I would like a Certified Copy of the reapplication form. (In order to receive a must indicate your relationship to the papplication form by selecting from the	the person named on the of the list below.)			ould like a certified Informational Copy. This ument will be printed with a legend on the face e document that states, "INFORMATIONAL NOT ALID DOCUMENT TO ESTABLISH IDENTITY" worn Statement does not need to be provided)			
	te: Both documents are Certified documents contain the same ex	•	•	ocument on	file. With the e	exceptic	on of the legend	
To	receive a <b>Certified Copy</b> I am:  The registrant or a parent or legal guardia	n of the registrant.						
	A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 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.							
	An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.							
	MAILING APPLICATION, ATTACHE		TEMENT N	UST BE NOT	ARIZED.			
	PLICANT INFORMATION (PLEASE ) ited Name (Person Requesting the Col		Today's Date		Telephone Number			
Add	Iress - Number, Street		City	ty		T	ZIP Code	
			-					
Nan	ne of Person Receiving Copies, if Differe	nt From Above	No. of Cop	ies				
Mailing Address for Copies, If Different From Above			City	City			ZIP Code	
BIF	RTH CERTIFICATE INFORMATI	ON (PLEASE PRI	INT)		<u> </u>	<u> </u>		
Name on Certificate – Child's First Name Child's Middle N			ame CI		Child's Last Na	Child's Last Name		
City	or Town of Birth		Place of Birth – County					
Date	e of Birth – Month, Day, Year (If unknowr	te date of b	rth)	Sex	le	☐ Male		
Name on Certificate – Father 's First Name Father's Middle N			Name		Father's Last Name			
Name on Certificate – Mother's First Name Mother's Middle I			Name		Mother's Last Name (Maiden/Birth Name)			

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## **SWORN STATEMENT**

	(The Applicant must o	complete in the	presence of a Notary or Vital Records Staff	<b>:</b> )					
I,(Applicant's F	I,, declare under penalty of perjury under the laws of the State of California, that (Applicant's Printed Name)								
	(Applicant's Printed Name)  [ am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified								
•	opy of the birth or death record of the following individual(s):								
Name of Person List			Applicant's Relationship to Person (Must be a Relationship Listed on						
Cubonih ad ta thia	dov.of	20							
	_ day of (Month		, at (City)	, (State)					
(7)	(	-,	(3.9)	(*******)					
Acknowledgeme	nt below. The Cer	tificate of A	(Applicant's Signature) ave your Sworn Statement notariz cknowledgement must be complet ental agencies are exempt from th	ted by a Notary Public.					
	A notary public or o identity of the indiv	ther officer con	rpleting this certificate verifies only the ed the document to which this certificate is accuracy, or validity of that document.						
State of	)								
County of									
Onbefore me	·		, personally appeared						
	(insert name and	title of officer)							
that he/she/they executed the sar	ne in his/her/their authors) acted, executed the in	rized capacity(ie	s) whose name(s) is/are subscribed to the wites), and that by his/her/their signature(s) on the tify under the PENALTY OF PERJURY under IESS my hand and official seal.  (SEAL)	e instrument the person(s), or the entit					
SIGNATURE OF NOTARY	PUBLIC								

(January 1, 2015)

## INSTRUCTIONS

- A. If you are requesting an Authorized Certified Copy:
  - Complete the application form, one for each individual whose birth certificate you are requesting, indicating on each how you are related to the individual (mark the appropriate box from the list).
     NOTE: If the child is adopted, please make the request in the adopted name.
  - 2. Complete the Sworn Statement

**NOTE:** Only one sworn statement is required if you are requesting multiple certificates at the same time; however, the sworn statement must include the name of each individual whose birth certificate you are requesting and your relationship to that individual.

- a. Sign the Sworn Statement in front of a Notary Public and have it notarized
- 3. Submit **\$28.00** for each copy you request in the form of a personal check or money order (indicate the number of copies you would like on the application form).
- 4. Send the **completed application form**, the **notarized Sworn Statement** and your **payment** to the mailing address below.
- B. If you are requesting a certified Informational Copy (if you do not qualify to receive an Authorized Certified Copy, see application form):
  - Complete the application form, one for each individual whose birth certificate you are requesting.
     NOTE: If the child is adopted, please make the request in the adopted name.
  - 2. Submit **\$28.00** for each copy you request in the form of a personal check or money order (indicate the number of copies you would like on the application form).
  - 3. Send the **completed application form** and your **payment** to the mailing address listed below.
- C. If you wish to submit your order in person at our physical address listed below, the Sworn Statement must be signed in the presence of an Office of Vital Records staff member (it does not need to be notarized).

NOTE: If no record of the birth is found the \$28.00 fee will be retained for searching (as required by law) and a Certificate of No Record will be issued.

Checks payable to: "San Bernardino County"

## Address:

Vital Statistics Section 340 N. Mountain View Ave San Bernardino, CA 92415-0038

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