



**County Clerk-Recorder
and Registrar of Voters**

200 West 4th Street, Madera Ca 93637

Clerk (559) 675-7721; Recorder (559) 675-7724; Elections (559) 675-7720; or Toll Free 1-800-435-0509; Fax (559) 675-7870

Rebecca Martinez, County Clerk-Recorder & Registrar of Voters

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

INSTRUCTIONS:

1. If you are requesting a regular **CERTIFIED COPY**, complete the entire form. If you are requesting a certified **INFORMATIONAL COPY**, only complete the Applicant Information and Birth Record Information portions of this form.
2. If you submit your request in person, you must sign the Sworn Statement in the presence of a Deputy County Clerk-Recorder. If you submit your request by mail, you must complete the Sworn Statement in the presence of a Notary Public. Please Note: Only one notarized Sworn Statement is required for multiple certificates requested at the same time; however, the Sworn Statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.
3. Use a separate application form for each birth record you request. (Please identify each name of person you are requesting on the Sworn Statement).
4. Complete the **APPLICANT INFORMATION** section and provide your signature where indicated. Provide all the information you have available to identify the record of the registrant in the Birth Certificate Information section. If the information you provided is incomplete or inaccurate, it may not be possible to locate the record. If the registrant has been adopted, please make the request in the adopted name.
5. Submit \$25 for each certified copy you request. If no record of the birth is found, the \$25 fee will be retained for searching for the record as required by law and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you want and include the correct fee(s) in the form of a personal check or money order payable to: Madera County Recorder. Mail this application and fee(s) to

Madera County Recorder
200 W. 4th Street
Madera, Ca 93637

IMPORTANT: If a personal check is submitted, your processing time will be 15 business days

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD
PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **"Informational, Not A Valid Document to Establish Identity"**.

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below)	<input type="checkbox"/> I would like a Certified Informational Copy . Not a valid document to establish identity and the Sworn Statement does not need to be completed
---	--

To receive a **Certified copy** you must select from one of the following:

- I am the registrant or a parent or a legal guardian.
- I am 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.
- I am a member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- I am a child, grandparent, grandchild, brother or sister, spouse or domestic partner of the registrant.
- I am 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.
- I am appointed rights in a power of attorney, or an executor of the registrant's estate.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)		TODAY'S DATE:	
Print Name of Applicant	Signature of Applicant		Purpose of Request
Mailing Address		Number of Copies \$25 Each:	Amount Enclosed \$
City		Name of Person Receiving Copies, if Different from Applicant	
State / Province	Zip Code	Mailing Address for Copies, if Different from Applicant	
Daytime Telephone (include area code) ()		City	State Zip Code

BIRTH RECORD INFORMATION (PLEASE PRINT)

Complete the information below as shown on the birth record, to the best of your knowledge.

FIRST Name	MIDDLE Name	LAST Name
Date of Birth	City or Town of Birth	County of Birth
Mother/Father/Parent – First Name	Middle Name	Last Name (Birth Name)
Mother/Father/Parent – First Name	Middle Name	Last Name (Birth Name)

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am an
(Applicant's printed Name)
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 certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate

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

(Applicant's Signature)

Note: if submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment 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 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 this instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENTALY OF PERURY 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