



County Clerk - Recorder and Registrar of Voters

200 West 4th Street, Madera CA 93637

Clerk (559) 675-7721; Recorder (559) 675-7724; Elections (559) 675-7721; 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**, complete only the Applicant Information and Birth Certificate Information portions of this form.
2. If you submit your order in person, you must sign a sworn statement in the presence of County Recorder's staff. If you submit your request by mail, you must complete the attached statement and sign it 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 different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the **APPLICANT INFORMATION** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under ***Birth Certificate Information***. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. ***If the registrant has been adopted, please make the request in the adopted name.***
5. Submit \$14 for **each** certified copy request. If no record of birth is found, the \$14 fee will be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, ***in the form of a money order***, made payable to the Madera County Recorder. Mail this application and the fee(s) to the Madera County Recorder, 200 West 4th Street, Madera, CA 93637. ***IMPORTANT: If a personal check is submitted instead of a money order, processing time will be 15 business days.***

NOTICE: the attached sworn statement must accompany Orders received by mail.
(See cover page for instructions).

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

I would like a Certified Copy of the record identified on the application form. (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):

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).

I am,

- The registrant or a parent or a 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 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.

APPLICANT INFORMATION (Please Print or Type)

Printed Name of Person Requesting Record	Signature	Date	Telephone Number
Address - Number, Street	City	State	Zip Code
Name of Person Receiving Copies (if different)	Number of Copies Requested _____	\$14 each	Amount Due
Mailing Address for Copies (if different)	City	State	Zip Code

BIRTH CERTIFICATE INFORMATION (Please Print or Type)

Name on Certificate - First Name	Name on Certificate - Middle Name	Name on Certificate - Last Name
Date of Birth	City or Town of Birth	Place of Birth - County
Father's First Name	Father's Middle Name	Father's Last Name
Mother's First Name	Mother's Middle Name	Mother's Maiden Name

SWORN STATEMENT

I, _____, swear under penalty of perjury under the law of 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 a certified copy of the birth or death record of the following individual(s)

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

Sworn this _____ day of _____, 20____, at _____.

(Signature)

Note: if submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below:

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____, before me _____ personally appeared _____,
(Full Name and full Title) (Full Name of Person being acknowledged)

proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or the entity upon behalf of which the person 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

NOTARY SIGNATURE