



**RIVERSIDE COUNTY  
ASSESSOR-COUNTY CLERK-RECORDER  
APPLICATION FOR CERTIFIED COPY OR SEARCH OF A BIRTH RECORD  
*PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING***

<b>1</b>	<p align="center"><b>BIRTH RECORD or CERTIFICATE OF NO RECORD INFORMATION</b> <span style="float:right"><b>FEE \$32.00</b></span></p> <p>Name _____</p> <p align="center">First <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Date of Birth _____ City of Birth _____ <small>(Must be in Riverside County)</small></p> <p>Mother/Father/Parent Name _____</p> <p align="center">First <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last (Before Marriage/ Domestic Partnership)</span></p> <p>Mother/Father/Parent Name _____</p> <p align="center">First <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last (Before Marriage/ Domestic Partnership)</span></p> <p><b>Is person listed on record adopted or had a legal name change? Y <input type="checkbox"/> / N <input type="checkbox"/> Number of Copies _____</b></p>
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<b>2</b>	<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px;"><input type="checkbox"/> I am requesting an AUTHORIZED copy</td> <td style="width:50%; padding: 5px;"><input type="checkbox"/> I am requesting an INFORMATIONAL copy <small>If you are requesting an Informational copy, please skip to section 4.</small></td> </tr> </table>	<input type="checkbox"/> I am requesting an AUTHORIZED copy	<input type="checkbox"/> I am requesting an INFORMATIONAL copy <small>If you are requesting an Informational copy, please skip to section 4.</small>
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<b>3</b>	<p>To obtain an <b>Authorized</b> Certified Copy you must check the appropriate box below: <b>I am:</b></p> <p><input type="checkbox"/> The person listed on the birth record or a parent or legal guardian of the person listed on the birth certificate. <b>(Legal guardian must provide documentation.)</b></p> <p><input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the birth certificate.</p> <p><input type="checkbox"/> A member of a law enforcement agency or representative of a government agency, as provided by law, who is conducting official business. <b>(Companies representing a government agency must provide authorization from the government agency.)</b></p> <p><input type="checkbox"/> A person who has a court order to obtain the record, 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. <b>(Please include a copy of the court order.)</b></p> <p><input type="checkbox"/> An attorney representing the person or the person's estate whose name is listed on the birth certificate or any person or agency empowered by statute or appointed by a court to act on behalf of the person or the person's estate.</p> <p><input type="checkbox"/> Appointed rights in a power of attorney, or an executor of the person or the person's estate whose name is listed on the birth certificate. <b>(Please include a copy of the power of attorney, or supporting documentation identifying you as an executor.)</b></p>
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<b>4</b>	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align:top;"> <p><b>Requested by:</b></p> <p>_____ Name (and Agency Name if Applicable)</p> <p>_____ Street Address</p> <p>_____ City/Province <span style="margin-left: 50px;">State/Country</span> <span style="margin-left: 50px;">Zip</span></p> <p>_____ Phone #</p> </td> <td style="width:50%; vertical-align:top;"> <p><b>Mail/Issue To:</b></p> <p>_____ Name of Person receiving copies, if different from applicant</p> <p>_____ Mailing Address for copies, if different from applicant's address</p> <p>_____ City/Province <span style="margin-left: 50px;">State/Country</span> <span style="margin-left: 50px;">Zip</span></p> </td> </tr> </table>	<p><b>Requested by:</b></p> <p>_____ Name (and Agency Name if Applicable)</p> <p>_____ Street Address</p> <p>_____ City/Province <span style="margin-left: 50px;">State/Country</span> <span style="margin-left: 50px;">Zip</span></p> <p>_____ Phone #</p>	<p><b>Mail/Issue To:</b></p> <p>_____ Name of Person receiving copies, if different from applicant</p> <p>_____ Mailing Address for copies, if different from applicant's address</p> <p>_____ City/Province <span style="margin-left: 50px;">State/Country</span> <span style="margin-left: 50px;">Zip</span></p>
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<b>5</b>	<p>I, _____ declare under penalty of perjury under the laws of State of California, that I <small>(Print Full Name)</small></p> <p>am an authorized person, and am eligible to receive a certified copy of the birth record described in section 3 above.</p> <p>Sworn: _____ at _____ <small>Date (mm/dd/yyyy) <span style="margin-left: 150px;">City/Province</span> <span style="margin-left: 150px;">State/Country</span></small></p> <p>Signature: _____ <small>(Applicant Signature) <span style="color:red"> (If ordering in person you must sign in front of the Clerk)</span></small></p>
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<b>BELOW SECTION FOR OFFICE USE ONLY</b>										
Receipt # _____	Check # _____	Total \$ Due _____	Amount Paid _____	LRN _____						
<table style="width:100%;"> <tr> <td style="width:30%;">Cash <input type="checkbox"/></td> <td style="width:30%;">Check <input type="checkbox"/></td> <td style="width:30%;">Debit / Credit <input type="checkbox"/></td> </tr> </table>	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Debit / Credit <input type="checkbox"/>	<table style="width:100%;"> <tr> <td style="width:30%;">Counter <input type="checkbox"/></td> <td style="width:30%;">Mail <input type="checkbox"/></td> <td style="width:30%;">Web <input type="checkbox"/></td> </tr> </table>	Counter <input type="checkbox"/>	Mail <input type="checkbox"/>	Web <input type="checkbox"/>	Overage Amount _____	Refund Amount _____	
Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Debit / Credit <input type="checkbox"/>								
Counter <input type="checkbox"/>	Mail <input type="checkbox"/>	Web <input type="checkbox"/>								
SST# _____ EVital App ID# _____			Clerk's Initials _____							
<input type="checkbox"/> Do Not Charge Fee, Contact State <input type="checkbox"/> NOTE: _____										
<input type="checkbox"/> Charge Search Fee, Contact <input type="checkbox"/> State or _____ Searched years from _____ to _____ by: _____										

# INSTRUCTIONS FOR APPLICATION OF A CERTIFIED COPY OF BIRTH RECORD

**If no record of the birth is found, pursuant to Health and Safety Code 103650, the \$32.00 fee will be retained for searching and a Certificate of No Record will be issued.**

PLEASE PRINT IN BLACK OR BLUE INK

<b>1</b>	<b>Birth Certificate Information:</b> Give all the information you have available for the identification of the record. Riverside County only has birth records that occurred in Riverside County, with the exception of Court Order Delayed Birth Registrations. For all other birth records you must contact the county in which the birth occurred or contact the Department of Health Services, Office of Vital Records-M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone number: (916) 445-2684.
<b>2</b>	Section 103526 of the California Health and Safety Code restricts who is allowed to obtain an authorized certified copy of a birth record. You must be one of the authorized persons described in the five sentences in section 3 on the front of this application. Those who are not authorized will receive an INFORMATIONAL CERTIFIED COPY with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy. An AUTHORIZED CERTIFIED COPY of a birth record is required to obtain a driver's license, passport, social security card and any other services related to an individual's identity. If you are requesting an informational copy you do not need to complete the sworn statement at the bottom of this application.
<b>3</b>	If you are requesting an authorized certified copy of a birth record, please check the box that allows you to obtain the authorized certified copy.
<b>4</b>	Print or type name of person ordering copy. Print or type physical address of person ordering copy.
<b>5</b>	<b>A governmental issued picture I.D. is required if ordering in-person. Please have it ready.</b> Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign the sworn statement on the front of this application. Please print your name in the space provided, complete the space for the date and location for when and where you sign this statement.

**BY MAIL:** **When submitting multiple certificate requests at the same time, all requests must contain the completed sworn statement on the front of this application but only one request would require the notary statement. Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who applies for a birth certificate conducting official business, is NOT required to provide the notarized statement below.**

(a) For an AUTHORIZED copy, complete the sworn statement in front of a notary public.  
(b) For an INFORMATIONAL copy, the sworn statement in section 5 on the front of this application and the notarized statement below are NOT required.

Send the application and a check payable to Riverside County Recorder, P.O. Box 751, Riverside, CA 92502-0751

<b>Certificate of Acknowledgment</b>	
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 CALIFORNIA COUNTY OF _____	} } }
On _____ before me,	_____, personally appeared
(Date)	(Print Name and Title of Official)
_____	
(Insert name of person being acknowledged)	
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.	
Signature _____	(Seal)
(Officer signature)	