

DOLORES PROVENCIO
 CLERK/RECORDER
 COMMISSIONER OF CIVIL MARRIAGES
 REGISTRAR OF VOTERS
 CONFLICT OF INTEREST COORDINATOR

COUNTY ADMINISTRATOR CENTER
 940 MAIN STREET, SUITE 202
 EL CENTRO, CA 92243-2839



RECORDER
 TELEPHONE 760 482-4272
 FAX: 760 482-4271

CLERK
 TELEPHONE: 760 482-4427

ELECTIONS
 TELEPHONE: 760 482-4226
 FAX: 760 337-4182
 www.imperialcounty.net

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APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

(Pursuant to California Health & Safety Code Sections 103526)

Certificate Fee \$14.00

To obtain a Certified Copy of a Birth Record you must be an authorized requestor, please indicate below by placing a mark next to the description that applies to you - Those who are not authorized by law will receive a certified INFORMATIONAL – NOT VALID TO ESTABLISH IDENTITY certificate.

INSTRUCTIONS:

If applying in Person, indicate type of certificate requested, complete the application and **DO NOT SIGN** the sworn statement below until asked to do so by the county clerk. (Sworn statement not required for INFORMATIONAL CERTIFICATES)

If applying by mail, indicate type of certificate requested, complete the application and sign the sworn statement. Your signature on the sworn statement must be acknowledged by a Notary Public (See back of this form for Notary Acknowledgment)

Use a separate application for each different record you are requesting. Provide as much information as possible to help us locate the specific record you are requesting. Complete *BIRTH CERTIFICATE INFORMATION* as it appears on the birth certificate. If the information you provide is incomplete or inaccurate, we may not be able to locate the record.

Identify the number of copies you want, include a check or money order in the amount of \$14.00 for each birth record requested payable to; **IMPERIAL COUNTY CLERK/RECORDER** and mail this application to the address at the end of this application. **Note:** If we can not locate the record based on the information you provide, state law requires that we keep the fee (for our searching efforts) and we will provide you with a **“Certificate Of No Public Record”**.

SWORN STATEMENT:

The authorized individual requesting the certified copy must sign the Sworn Statement at the end of this form, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record being requested and identify their relationship to the registrants (names on certificate) – Their relationship must be one of those indicated below.

If the application is being submitted by mail, the Sworn Statement must be notarized by a Notary Public. (To find a Notary Public, see your local yellow pages.) **Law enforcement and local and state governmental agencies are exempt from the Notary acknowledgment requirement.**

1. SELECT TYPE OF CERTIFICATE REQUESTED:

CERTIFIED COPY CERTIFIED INFORMATIONAL COPY CERTIFICATE OF NO PUBLIC RECORD

For “Certificate of no Public Record” indicate years to be searched **From: (Date)** **To: (Date)**

2. INDICATE TYPE OF DELIVERY MAIL PICK-UP **# OF COPIES REQ.**

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name of Person Making request (or agency if applicable)		Today's Date	Telephone Number – Area Code First()	
Address – Number, Street		City	State	ZIP Code
Mailing Address for Copies, If Different From Above		City	State	ZIP Code

_____ I am the registrant, parent or legal guardian of the registrant. A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.

_____ I am a party entitled to received the record as a result of a court order, an attorney or a licensed adoption agency seeking the record to comply with 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. (Companies representing a government agency must provide authorization from the government agency)

_____ 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’s estate. (Requests under a Power of Attorney require a copy of Power of Attorney)

_____ Any funeral director ordering certified copies of a certificate on behalf of an authorized individual listed above.

_____ **I am not an Authorized requestor** and I am requesting a “Certified Informational Copy” – sworn statement not necessary for this option.

PLEASE ENTER INFORMATION AS IT APPEARS ON BIRTH CERTIFICATE

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Birth Name on Certificate - LAST	First Name on Certificate	Middle Name on Certificate
City of Birth	County of Birth	Date of Birth – MM/DD/CCYY
Name of Father (First & Last)		Mother's Maiden Name:

**If applying in person, DO NOT sign until asked to do so by County Clerk.
SWORN STATEMENT**

I _____ *(Insert Applicant's Printed Name)* Declare under Penalty of Perjury under the laws of the State Of California, that I am an authorized person, as defined in California Health & Safety Code 103526(c)(1) and that I am eligible to receive a certified copy of the Birth Certificate Requested.

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

Signature of Applicant

FOR OFFICIAL USE ONLY

Book	Page	Amendment	# of Copies Req.	Certificate #	Date Copy Issued
TYPE ISSUED <input type="checkbox"/> Cert. of No Rec. <input type="checkbox"/> Certified <input type="checkbox"/> Informational		ORDER MADE BY <input type="checkbox"/> In Person <input type="checkbox"/> By Mail	ID #	Type of ID Presented	Initials of Clerk issuing Cert.

NOTARIZED STATEMENT

Note: If the application is being submitted by mail or fax, your signature on the Sworn Statement **must be** acknowledged by a Notary Public. (To locate a Notary Public, see your local yellow pages or call your banking institution.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
County of _____) ss

On _____, before me, _____, personally
(Insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.
(NOTARY SEAL)

NOTARY SIGNATURE

**MAIL THIS APPLICATION TO: IMPERIAL COUNTY CLERK RECORDER
940 W. MAIN STREET, SUITE 202
EL CENTRO, CALIFORNIA 92243**