

# APPLICATION FOR CERTIFIED COPY OF **BIRTH** RECORD

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Effective July 1, 2003, **Certified Copies** to establish the identity of a registrant can be issued **ONLY** to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are **NOT** valid to establish identity.

**Fee: \$14 per copy** (check or money order payable to the Kern County Recorder)

***If no record is found, the fee(s) will be retained for searching the record (as required by law) and a Certificate of No Record Found will be issued to the applicant.***

**Kern County Recorder's Office, 1655 Chester Avenue, Bakersfield, CA 93301: (661) 868-6449**

If an adoption has taken place please call the Department of Health Services, Sacramento, CA: (916) 445-2684

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT</b> by selecting from the list below <b>AND COMPLETE THE ATTACHED SWORN STATEMENT</b> declaring that you are eligible to receive the Certified Copy. The Sworn Statement <b>MUST BE NOTARIZED</b> if the application is submitted by mail unless you are a law enforcement or local or state government agency.)	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with perforated text which states, " <b>INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.</b> "  <i>(A Sworn Statement and Certificate of Acknowledgment are not required for a Certified Informational Copy.)</i>
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**NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the perforated text, the documents contain the exact same information.**

To receive a **Certified Copy**, I am:

- The registrant (person listed on the certificate) or a parent or 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. *(Companies representing a government agency must provide authorization from the government agency.)*
- A child, grandparent, grandchild, brother or sister, 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. *(If you are requesting a Certified Copy under a power of attorney, please include a copy of the Power of Attorney with this application form.)*

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				Today's Date: _____	
Agency Name (if appropriate)	Agency Case No. (if appropriate)	Purpose of Request:			
Printed Name and Signature of Applicant			Number of Copies	Amount Enclosed	
Mailing Address—Number, Street			Name of Person Receiving Copies, If Different From Applicant		
City	State/Province	ZIP Code	Mailing Address for Copies, If Different From Applicant		
Daytime Telephone (include Area Code) (     )		Country	City	State/Province	ZIP Code
BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)				Adopted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
BIRTH Name on Certificate (LAST)		FIRST Name on Certificate		MIDDLE Name on Certificate	
City of Birth			County of Birth (must be Kern County)		
Date of Birth—MM/DD/CCYY (in unknown, enter approximate date of birth)			Sex  <input type="checkbox"/> Female <input type="checkbox"/> Male		
FATHER'S LAST NAME		FATHER'S FIRST NAME		FATHER'S MIDDLE NAME (if applicable)	
MOTHER'S LAST NAME		MOTHER'S FIRST NAME		MOTHER'S MIDDLE NAME (if applicable)	

**INCLUDE A SELF-ADDRESSED PREPAID RETURN ENVELOPE FOR RETURN BY MAIL**

## SWORN STATEMENT

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the  
(Applicant's Printed Name)  
 State of California, that I am an authorized person, as defined in California Health and Safety Code 103526(c), and am eligible to receive a certified copy of the birth record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate <small>(Must be a Relationship Listed on Page 1 of Application)</small>

***(The remaining information must be completed in the presence of a Notary Public)***

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) (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 government agencies are exempt from the notary requirement.)***

## CERTIFICATE OF ACKNOWLEDGMENT

State of California                                }  
 County of \_\_\_\_\_                            }

On \_\_\_\_\_, before me, \_\_\_\_\_ a Notary Public, personally appeared  
(Date) (insert name of the Notary Public)

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.  
 (SEAL)

\_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC