

I am requesting an AUTHORIZED copy

I am requesting an INFORMATIONAL copy

Number of copies

1	Date of Birth - <i>Fecha de nacimiento</i>		
	Month - <i>Mes</i>	Day - <i>Dia</i>	Year - <i>Ano</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2	City of Birth - <i>Ciudad de nacimiento</i>
	<input type="text"/>

3	Name given at birth - <i>Nombre de nacimiento</i>		
	First - <i>Primer nombre</i>	Middle - <i>Segundo nombre</i>	Last - <i>Apellido</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

4	Full name of father - <i>Nombre completo del padre</i>		
	First - <i>Primer nombre</i>	Middle - <i>Segundo nombre</i>	Last - <i>Apellido</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

5	Full maiden name of mother - <i>Nombre completo de la madre con apellido de soltera</i>		
	First - <i>Primer nombre</i>	Middle - <i>Segundo nombre</i>	Last - <i>Apellido</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

6	Relationship to person listed in Section 3 - <i>Relacion de persona en numero 3 seccion</i>
	<input type="text"/>

7	Contact Information (please complete)
	Name: <input type="text"/>
	Mailing Address: <input type="text"/>
	City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>
	Phone Number: <input type="text"/>

8	Sworn Statement (please complete)
	I <input type="text"/> swear (or affirm) that I am an authorized <small>Print full name - <i>Nombre completo</i></small>
	person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the record identified on this application form.
	Sworn this date <input type="text"/> , <input type="text"/> , <input type="text"/> <small>Day - <i>Dia</i> Month - <i>Mes</i> Year - <i>Ano</i></small>
	at <input type="text"/> . <small>City and state - <i>Ciudad y estado</i></small>
	Signature - <i>Firma</i> : <input type="text"/>

Clerk-Recorder Use Only	
Authorized Copy:	<input type="text"/>
Informational Copy:	<input type="text"/>
Number of Copies:	<input type="text"/>
Certificate:	<input type="text"/>
Book:	<input type="text"/> Page: <input type="text"/>
Delayed:	<input type="text"/>
Info:	<input type="text"/>
Imaged:	<input type="text"/>
Free:	<input type="text"/>
No Record:	<input type="text"/>
Deceased:	<input type="text"/>
Gov't Use:	<input type="text"/>
Agency:	<input type="text"/>
A/C:	<input type="text"/>
B/N:	<input type="text"/>

Driver's License or ID#: Exp:



COUNTY OF TULARE
 CLERK-RECORDER
 221 S MOONEY BLVD. RM 105, VISALIA, CA 93291-4593 / 559- 636- 5051

CERTIFICATE OF IDENTITY - BIRTH, DEATH AND MARRIAGE

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth, Death or Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or marriage certificate: individual named on the certificate, parent, legal guardian/custodian, grandparent, grandchild, child, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency.

This certificate must be signed in the presence of a Notary.

Name on Certificate	Relationship
_____ Name of Requestor* - Please print	_____ Signature of Requestor*

* Requestor must be the person who signed sworn statement on accompanying Application(s)

Please indicate the total number of certificates requested: _____

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 _____
(name and title of officer) *(insert name of person signing)*

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)

INSTRUCTIONS

TULARE COUNTY CLERK-RECORDER-APPLICATION FOR BIRTH RECORD

Birth records have been maintained in the Tulare County Clerk-Recorder's Office since 1852.

If the registrant was adopted prior to 1992, the certificate can be requested from the Office of Vital Records under the adopted name. Their address is:

OFFICE OF VITAL RECORDS-MS 5103, PO BOX 997410, SACRAMENTO, CA 95899-7410.

1. You must complete the Application for Birth Record, and give all the information you have when you submit your request by mail. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. You must sign the Sworn Statement, 2nd pg, and you must also sign the Certificate of Identity, 3rd pg, in the presence of a Notary Public.

PLEASE NOTE: Only one notarized Certificate of Identity is required for multiple certificates requested at the same time. However, the Certificate of Identity must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual. If you are not an authorized person, an INFORMATIONAL CERTIFIED COPY will be issued. Please see page 1 of Application for authorized person information.

2. Use a separate Application form (2nd page only) for each different certified birth record you are requesting, and remember to identify each separate certificate name requested on the Certificate of Identity (3rd pg of Application).
3. Submit \$32.00 for each certified copy requested. If no record of the birth is found, the \$32.00 fee will be retained for searching as required by statute (Health and Safety Code Section 103650), and a Certificate of No Record will be issued. Indicate the number of certified copies you are requesting, and include your payment with this application in the form of a personal check, postal or bank money order (International Money Order only for out-of country request) made payable to:

TULARE COUNTY CLERK-RECORDER
221 S MOONEY BLVD RM 105
VISALIA CA 93291- 4593

Note: Credit Card orders may be processed on-line at www.vitalchek.com. Additional costs apply for processing orders using a credit card. Please follow the directions on Vitalchek's website, if using a credit card.