

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

1	BIRTH RECORD or CERTIFICATE OF NO RECORD INFORMATION FEE \$34.00						
	Name						
	First	1	Middle	Last			
	Date of Birth City of Birth (Must be in Riverside County)						
	Mother/Father/Parent Name			(Must be in Riverside (County)		
	First		Middle	Last (Befor	e Marriage/ Domestic Partnership)		
	Mother/Father/Parent Name		Middle	Last (Before	e Marriage/ Domestic Partnership)		
	Is person listed on record adopted	or had a legal n		•	.,		
2	☐ I am requesting an AUTHOF		☐ I am requ	uesting an INF	ORMATIONAL copy I copy, please skip to section 4.		
3	To obtain an Authorized Certified Copy you must check the appropriate box below: I am: The person listed on the birth record or a parent or legal guardian of the person listed on the birth certificate. (Legal guardian must provide documentation.) A child, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the birth certificate. A member of a law enforcement agency or representative of a government agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.) 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. (Please include a copy of the court order.) 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.						
	Appointed rights in a power of attorney, (Please include a copy of the power of						
4	Requested by:	attorney, or suppor	Mail/Issu		an executor.)		
	Name (and Agency Name if Applicable)		– Name of Pers	Name of Person receiving copies, if different from applicant			
	Street Address		— Mailing Addre	Mailing Address for copies, if different from applicant's address			
			- City/Province	City/Province State/Country Zip			
	City/Province State/Country Phone #	Zip			, ,		
5	I,	declare unde	er penalty of perju	ıry under the lav	vs of State of California, that I		
	(Print Full Name) am an authorized person, and am eligible to receive a certified copy of the birth record described in secti				described in section 3 above		
	·	,					
	Sworn: Date (mm/dd/yyyy)		at City/	Province	State/Country		
	Signature						
	Signature: (Applicant Signature) (If ordering in person you must sign in front of the Clerk)						
	BELOW SECTION FOR OFFICE USE ONLY						
'	Receipt #	Check #	Total \$ Due	Amount Paid	LRN		
	Cash Check Debit / Credit Counte	Mail Web	Overage	Amount	Refund Amount		
	SST# EVital App ID# Clerk's In				Clerk's Initials		
	Do Not Charge Fee, Contact State	NOTE:					
	☐ Charge Search Fee, Contact ☐State	_ Searched years fi	earched years from toby:				

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 \$34.00 fee will be retained for searching and a Certificate of No Record will be issued.

PLEASE PRINT IN BLACK OR BLUE INK

	1	Birth Certificate Information: 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.			
	2	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.			
	3	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.			
	4	Print or type name of person ordering copy. Print or type physical address of person ordering copy.			
	5	A governmental issued picture I.D. is required if ordering in-person. Please have it ready. 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.			
() ()	statement Any mer applies for an (a) For an (b) For an are NOT	L: When submitting multiple certificate requests at the same time, all requests must contain the completed sworm on the front of this application but only one request would require the notary statement. In the role of a law enforcement agency or a representative of a state or local government agency, as provided by law, who for a birth certificate conducting official business, is NOT required to provide the notarized statement below. IN AUTHORIZED copy, complete the sworn statement in front of a notary public. INFORMATIONAL copy, the sworn statement in section 5 on the front of this application and the notarized statement below required. Examplication and a check payable to Riverside County Recorder, P.O. Box 751, Riverside, CA 92502-0751 Cate of Acknowledgment			
	A nota verifie docum the tru	ary public or other officer completing this certificate s only the identity of the individual who signed the nent to which this certificate is attached, and not athfulness, accuracy, or validity of that document. E OF CALIFORNIA } TY OF}			
	On(Date) before me,, personally appeared (Print Name and Title of Official)			
	acknow	(Insert name of person being acknowledged) oved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and ledged 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 rument 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.			
- [,				
		SS my hand and official seal.			