

APPLICATION FOR CERTIFIED COPY OF **BIRTH** RECORD

Order online with a credit card at www.vitalchek.com

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: \$29 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 Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED 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 Certified Informational Copy . This document will be printed with perforated text which states, " INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY. " <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 (Must be a Relationship Listed on Page 1 of Application)

(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

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, _____ 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