WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A BIRTH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1

Birth Certificate Information: Fee: $15.00 per copy Number of copies requested: _____

Name: _____
First Middle Last

Date of Birth: _____ City of Birth: _____
Month, Day, Year

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Last

2

Applicant Information:

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

Mailing Address: _____
If different than above Number and Street City State Zip Code

Telephone Number: _(_____)_____
With Area Code

3

To obtain an Unrestricted Certified Copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below

☐ 103526(c)(1) ☐ 103526(c)(2) ☐ 103526(c)(3) ☐ 103526(c)(4)

☐ 103526(c)(5) ☐ 103526(c)(6)

4

I, _____ swear under penalty of perjury that I am an authorized person, as
Printed Name
defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the birth record identified on this application form. Sworn this ____ day of _____, _____,
at _____ Signature: _____

5

Certificate of Acknowledgement State of _____ County of _____
On _____ before me, _____, personally appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

_____
Signature (seal)

Office use only: Receipt # _____ Paper #_____ Date _____

Clerk_____ Check #_____ MO#_____

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INSTRUCTIONS TO COMPLETE WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A BIRTH RECORD

1	**Birth Certificate Information:** Print or type number of copies requested Print or type name of registrant Print or type date of birth Print or type city of birth Print or type father's name Print or type mother's maiden name
2	**Applicant Information:** Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different then address above Print or type telephone number of person ordering copy, including area code
3	Using the list below check the box next to the code section in item 3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a birth record: **103526(c)(1)** The registrant or a parent or legal guardian of the registrant **103526(c)(2)** 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. **103526(c)(3)** A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business **103526(c)(4)** A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant **103526(c)(5)** 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 **103526(c)(6)** Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code
4	**DO NOT COMPLETE THIS PART UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT IN ITEM 5.** Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a birth record to complete and sign a sworn statement under penalty of perjury.
5	**Certificate of Acknowledgement** Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4. Mail the original application with the appropriate fee to: Fresno County Recorder P.O. Box 766 Fresno, CA 93712