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 $28.00**

Name _____
First Middle Last

Date of Birth _____ City of Birth_____
(Must be in Riverside County)

Mother/Father/Parent Name _____
First Middle Last (Before Marriage/ Domestic Partnership)

Mother/Father/Parent Name _____
First Middle Last (Before Marriage/ Domestic Partnership)

Is person listed on record adopted or had a legal name change? Y☐/ N☐ Number of Copies_____

2

☐ I am requesting an AUTHORIZED copy

☐ I am requesting an INFORMATIONAL copy
If you are requesting an Informational 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, or an executor of the person or the person's estate whose name is listed on the birth certificate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as an executor.)**

4

Requested by:

_____
Name (and Agency Name if Applicable)

_____
Street Address

_____
City State Zip

Phone #

Mail/Issue To:

_____
Name of Person

_____
Mailing Address

_____
City State Zip

I.D. #

5

I, _____ declare under penalty of perjury under the laws 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 section 3 above.

Sworn: _____ at _____
Date (mm/dd/yyyy) City State

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 ☐	☐ Counter ☐ Mail	Overage Amount	Refund Amount

Type of I.D., Identifying Numbers and Exp. Date	Clerks Initials

☐ Do Not Charge Fee, Contact State ☐ NOTE:_____

☐ Charge Search Fee, Contact ☐State or _____ Searched years from _____ to _____ by: _____

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 $28.00 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.

BY MAIL: **When submitting multiple certificate requests at the same time, all requests must contain the completed sworn statement on the front of this application but only one request would require the notary statement.**
Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who applies for a birth certificate conducting official business, is NOT required to provide the notarized statement below.
(a) For an AUTHORIZED copy, complete the sworn statement in front of a notary public.
(b) For an INFORMATIONAL copy, the sworn statement in section 5 on the front of this application and the notarized statement below are NOT required.

Send the application and a check payable to Riverside County Recorder, P.O. Box 751, Riverside, CA 92502-0751

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 CALIFORNIA }
COUNTY OF _____}

On _____ before me, _____, personally appeared
(Date) (Print Name and Title of Official)

_____ ,
(Insert name of person being acknowledged)
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)
(Officer signature)