

Instructions to Complete the Request for Birth Certificate

1. Indicate whether you are requesting a *Certified Copy* or a *Certified Informational Copy*.

Only individuals who are authorized by Health and Safety Code §103526 can obtain a Certified Copy of a birth record. Section C on page 1 of the application identifies the individuals who are authorized to receive a Certified Copy. All others may receive a Certified Informational Copy that will be marked "Informational, Not a Valid Document to Establish Identity."

Both documents are certified reproductions of the original document on file with our office. With the exception of the legend, redaction of signatures and Social Security Number, the documents contain the same information.

2. Section A

In this section, please provide the information about the child. If the information furnished is incomplete or inaccurate, we may not be able to locate the record.



The "Birth" name required on Vital Records is the name given at birth, or a name received through adoption, courtorder name change, or Naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal "Birth" name.

3. Section B

In this section, please provide your information, the number of copies requested and the amount enclosed. The fee is \$32.00 for each copy requested.

Make the check or money order payable to: County of Riverside

* No third-party checks or money orders are accepted



Checks must have pre-printed name and address of checking account owner ÷

State law requires a charge for record searches. If no record is found, pursuant to Health and Safety Code §103650, the fee for one certificate will be retained for searching and a Certificate of No Record will be issued. If requesting multiple copies on the application, the balance will be refunded to the applicant by our Fiscal Department after the search fee is retained.

4. Section C: Skip this section if you are requesting a *Certified Informational Copy*.

Establish your relationship to the person listed on the certificate by marking only one (1) box in this section.

5. <u>Section D</u>: Skip this section if you are requesting a *Certified Informational Copy*.

Section D has two parts.

- Sworn Statement: Everyone requesting a Certified Copy must complete the Sworn Statement. The applicant requesting the Certified Copy must sign the Sworn Statement declaring under penalty of perjury that he/she is eligible to receive the Certified Copy of the birth record. The applicant must print his or her name, print the name of the child, and identify his/her relationship to the child. The relationship MUST match the information in Section C, page 1. Sign the Sworn Statement in the presence of a Notary Public or an employee of the Office of Vital Records.
- Certificate of Acknowledgment: The Certificate of Acknowledgment is to be completed by a Notary Public. Law enforcement and local and state government agencies are exempt from the notary requirement.
 - 6. Mail completed application to:

Office of Vital Records P.O. Box 7600 Riverside, CA 92513-7600

If you have any questions, please call the Riverside County Office of Vital Records at: 951-358-5068.

MAIL APPLICATION FOR	CERTIFIED COPY and CERTIFIED INFORMAT	IONAL COPY OF BIRTH RECORD
	CERTIFIED COPT and CERTIFIED INFORMAT	IONAL COPT OF DIN III RECORD

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Be advised, <u>we charge even if no record is found</u> . Pursuant to fee equal to the cost for one certificate will be retained for sea issued.				(Office Use Only) Date Received LRN:
Only 2021 and 2022 records are avail	able from (our office		
				AMENDMENT COUNT: 0 1 2 3
Please indicate the type of record you are requesting				
I would like a Certified Copy. <u>\$32.00 per copy</u>		I would like a Certified Informational Copy. <u>\$32.00 per copy</u>		
Complete Sections A, B, & C, then complete D in the presence of a Notary Public		Complete only Sections A & B. (skip Sections C & D) No Sworn Statement and No Notary Required		
<u>Only specific people are eligible to receive this record</u> . This document will establish the identity of the registrant. Refer to Section C to see if you are eligible. If not, you must request a Certified Informational Copy.		Everyone is eligible to request this record. This document will be printed with a legend on the face of the document that states: "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."		
Section A: BIRTH CERTIFICATE INFORMATION Complete the information below as shown on the birth The more information you provide, the easier it is for u	record to the	e best of your ability.		
FIRST NAME of Child	MIDDLE NAME of Child		LA	AST NAME of Child
Date of Birth	City of Birth		H	ospital of Birth
Mother/Parent FIRST name	MIDDLE name		L/	AST name (Birth Name)
Father/Parent FIRST name	MIDDLE name		LA	AST name (Birth Name)
Section B: Your Information: "Applicant" (pleas	se print or ty	/pe)		
Your First Name Your Middle N	lame	You	r La	ast Name
Your mailing information:		k or money orders payable		tate law requires a charge for
Street Address:		of Riverside.	fo	cord searches. If no record is bund, pursuant to Health and Safety ode §103650, the fee for one
City, State, Zip Code:	This mean money ord	We <u>do not</u> accept <u>third-party</u> checks. This means the name on the check or money order must be the same as the name of the applicant.		ertificate will be retained for earching and a Certificate of No ecord will be issued.
Your Daytime Telephone	Number of	Copies Requested:	A	mount Enclosed (\$32.00/copy)
()				\$
Section C: RELATIONSHIP TO CHILD (complete	only if reque	esting a Certified Conv)		
Check the box that establishes your relationship to	, ,	o 157	m٠	
□ A parent or legal guardian of the registrant (persor	-			
□ A child, grandparent, grandchild, brother or sister,			he r	registrant.
 ☐ A party entitled to receive the record as a result of 	-	-		-
record in order to comply with the requirements of Sec				
A member of a law enforcement agency or other g Companies representing a government agency must				
An attorney representing the registrant or the regis by a court to act on behalf of the registrant or the r			pov	vered by statute or appointed
Appointed rights in a power of attorney. The princip copy. <i>Please include a copy of the power of attorney</i>		uthorizing the other to act) mu	st b	be qualified to receive a certified
An executor of the registrant's estate. <i>Please include supporting documentation identifying you as executor.</i>				
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	SWORN STATEMENT	
,(Your Printed Name)	_, declare under penalty of perjury under t	he laws of the State of
(Your Printed Name) California, that I am an authorized person, as defi sertified copy of the birth record of the following ir	ined in California Health and Safety Code	
Name of Person Listed on the Certifica	ate:	
Your Relationship to the Person name	d above:	cated in Section C on page 1)
****** The remaining information must be con subscribed to thisday of		
	(Your Signature)	
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