



KINGS COUNTY

330 Campus Dr.
Hanford, CA 93230
(559) 852-2604

APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD

BIRTH CERTIFICATE INFORMATION: **\$32.00 per copy** **Copies requested** _____

Name: _____
FIRST MIDDLE LAST

Date of Birth: _____ City of Birth: _____

Father's Name: _____
FIRST MIDDLE LAST

Mother's Maiden Name: _____
FIRST MIDDLE LAST

APPLICANT INFORMATION:

Name: _____
FIRST MIDDLE LAST

Address: _____
NUMBER, STREET CITY STATE ZIP CODE

Mailing Address: _____
NUMBER, STREET CITY STATE ZIP CODE

Telephone Number: () _____

To obtain an authorized certified copy you must be authorized under section 103526 of the Health and Safety Code.

- | | |
|---|---|
| <input type="checkbox"/> 1. Registrant or Parent
<small>103526(c)(1)</small> | <input type="checkbox"/> 2. Court order, Attorney of Licensed Adoption Agency
<small>103526(c)(2)</small> |
| <input type="checkbox"/> 3. Law Enforcement, Governmental Agency
conducting Official Business
<small>103526(c)(3)</small> | <input type="checkbox"/> 4. Child, Grandparent, Grandchild, Sibling, Spouse,
Domestic Partner
<small>103526(c)(4)</small> |
| <input type="checkbox"/> 5. Attorney Representing Registrant etc.
<small>103526(c)(5)</small> | <input type="checkbox"/> 6. Funeral Director
<small>103526(c)(6)</small> |

IF YOU SUBMIT YOUR ORDER IN PERSON, YOU MUST COMPLETE THIS PART IN THE PRESENCE OF A VITAL RECORDS STAFF PERSON. IF SUBMITTING BY MAIL YOU MUST COMPLETE THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC, ALONG WITH NEXT PAGE AND MAIL TO : Kings County Department of Public Health, Vital Statistics, 330 Campus Drive, Hanford, CA 93230

IMPORTANT: THIS REQUEST CANNOT BE PROCESSED IF THIS SECTION IS NOT SIGNED.

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

Signature: _____

OFFICE USE ONLY:

Paper # _____ Receipt # _____ Clerk _____ Date _____

Cash \$1 _____ \$5 _____ Check # _____ MO# _____ Pick up _____ Mail _____

\$10 _____ \$20 _____

\$50 _____ \$100 _____ Credit Card

CERTIFICATE OF ACKNOWLEDGEMENT

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 the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

On _____ before me, _____, personally appeared _____ 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

Signature of Notary Public

WITNESS my hand and official seal.
(SEAL)