KINGS COUNTY

APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD

ATTACH A CHECK IN THE AMOUNT OF $17.00 FOR EACH CERTIFICATE REQUESTED. MAKE CHECKS PAYABLE TO THE KINGS COUNTY CLERK/RECORDER

Print Form | Reset Form

MAIL COMPLETED FORM TO:
KINGS COUNTY CLERK/RECORDER
1400 WEST LACEY BLVD.
HANFORD, CA 93230

BIRTH CERTIFICATE INFORMATION: Number of 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.

- ☐ 1. Registrant or Parent 103526(c)(1)
- ☐ 2. Court order, Attorney of Licensed Adoption Agency 103526(c)(2)
- ☐ 3. Law Enforcement, Governmental Agency conducting Official Business 103526(c)(3)
- ☐ 4. Child, Grandparent, Grandchild, Sibling, Spouse, Domestic Partner 103526(c)(4)
- ☐ 5. Attorney Representing Registrant etc. 103526(c)(5)
- ☐ 6. Funeral Director 103526(c)(6)

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 AND MAIL TO: KINGS COUNTY CLERK/RECORDER, VITAL RECORDS REQUEST, 1400 W. LACEY BLVD., 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 receive an authorized, certified copy of the birth record identified on this application form. Sworn this _____ day of _____, _____, at _____
Month Year Place

Signature: _____

Certificate of Acknowledgement 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.

WITNESS my hand and official seal.

Signature _____ (seal)

Office use only: Reel/Image _____ Certificate # _____ Paper #_____ Deputy _____

☐ ***CHECK HERE IF YOU WANT YOUR REQUEST SENT BY CERTIFIED MAIL. ADD AN ADDITIONAL $5.50 TO COVER THE ADDITIONAL MAILING COST.***