# KINGS COUNTY
## APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD

**BIRTH CERTIFICATE INFORMATION:** **$21.00 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.**

☐ 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 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) day of _____ (MONTH), _____ (YEAR), at _____ (PLACE).

Signature: _____

**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:**

Paper # _____ Receipt # _____ Clerk _____ Date _____

Cash _____ Check # _____ MO# _____ Pick up _____ Mail _____