



Rebecca Martinez, County Clerk-Recorder and Registrar of Voters

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH/MARRIAGE RECORD

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a VITAL record to establish the identity of the registrant (person listed on the certificate). These authorized individuals are listed on the attached application. All others may receive a Certified Informational Copy.
 - a. Informational Copies are NOT available for marriages that were issued a Confidential License. Only the parties to the marriage may purchase a Certified Copy.
2. Complete a separate application for each different VITAL record requested.
3. Complete the **Applicant Information** section and provide your signature where indicated. In the **Record Information** section, provide all the information you have available to identify the record. If the information provided is incomplete or inaccurate, it may be impossible to locate the record.
 - a. **For BIRTH RECORDS:** If the registrant has been adopted, make the request of the adopted name.
4. SWORN STATEMENT:
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record AND identify their relationship to the registrant – the relationship must be one that is identified on the application. **Only one sworn statement is required for multiple records.**
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. **Law enforcement and local and state government agencies conducting official business are exempt from the notary requirement; must submit a copy of employee badge of requesting party.**
 - A Sworn Statement notarized by a foreign notary must have an Apostille attached. An Apostille is a certificate that authenticates a document for use in another country. Foreign notarizations obtained from an Ambassador, Minister, Consul, Vice Consul, or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an Apostille.
 - You do NOT have to provide a Sworn Statement if requesting a Certified Informational Copy of the birth record.
5. Submit the appropriate fee for each copy requested. If no record is found, the fee will be retained for searching (as required by law) and a “Certificate of No Public Record” will be issued. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check* or money order made payable to Madera County Recorder. **DO NOT SEND CASH.**

BIRTH CERTIFICATES	\$29.00 PER COPY (\$22.00 FOR GOVERNMENT AGENCIES)
DEATH CERTIFICATES	\$24.00 PER COPY
MARRIAGE CERTIFICATES	\$17.00 PER COPY (\$12.00 FOR GOVERNMENT AGENCIES)

6. Mail completed applications to:

Madera County Recorder
Attn: Vital Records
200 W. 4th Street
Madera, CA 93637

IMPORTANT: Personal checks from the Applicant may be accepted, however, these orders will be held for 10 business days.

CERTIFIED COPIES ISSUED BY OUR OFFICE WILL NOT HAVE THE “STATE FILE NUMBER.” IF THIS IS REQUIRED BY THE ACCEPTING AGENCY, COPIES MUST BE OBTAINED BY CDPH DIRECTLY.

V.2023

COUNTY CLERK-RECORDER & REGISTRAR OF VOTERS

200 West Fourth Street • Madera, CA 93637 • 800.435.0509 Toll Free • 559.675.7720 • 559.675.7721 • 559.675.7724 • 559.675.7870 Fax
www.maderacounty.com • www.votermadera.com





Rebecca Martinez, County Clerk-Recorder and Registrar of Voters

SOLICITUD DE COPIA CERTIFICADA DE REGISTRO DE NACIMIENTO/ DEFUNCIÓN / MATRIMONIO

INSTRUCCIONES:

- SOLO** las personas que están autorizadas por la Sección 103526 del Código de Salud y Seguridad pueden obtener una Copia Certificada de un registro VITAL para establecer la identidad del registrante (persona que figura en el certificado). Estas personas autorizadas se enumeran en la solicitud adjunta. Todos los demás pueden recibir una Copia Informativa Certificada.
 - Las copias informativas **NO** están disponibles para matrimonios a los que se les emitió una Licencia Confidencial. Solo la pareja del matrimonio puede comprar una Copia Certificada.
- Complete una solicitud separada para cada registro VITAL diferente solicitado.
- Complete la **sección Información del solicitante** y proporcione su firma donde se indique. En la sección **Información del registro**, proporcione toda la información que tenga disponible para identificar el registro. Si la información proporcionada es incompleta o inexacta, puede ser imposible localizar el registro.
 - Para ACTAS DE NACIMIENTO:** Si el registrante ha sido adoptado, haga la solicitud del nombre adoptado.
- DECLARACIÓN JURADA:
 - La persona autorizada que solicita la copia certificada debe firmar la Declaración Jurada adjunta, declarando bajo pena de perjurio que es elegible para recibir la copia certificada del registro de nacimiento e identificar su relación con el registrante— la relación debe ser una que se identifique en la solicitud. **Solo se requiere una declaración jurada para múltiples registros.**
 - Si la solicitud se presenta por correo, la Declaración Jurada **debe ser** notariada por un Notario Público. **Las fuerzas del orden y las agencias gubernamentales locales y estatales que realizan negocios oficiales están exentas del requisito de notario.**
 - Una Declaración Jurada notariada por un notario extranjero debe tener adjunta una Apostilla. Una Apostilla es un certificado que autentica un documento para su uso en otro país. Las notarizaciones extranjeras obtenidas de un Embajador, Ministro, Cónsul, Vicecónsul o Agente Consular de los Estados Unidos, o de un Juez de la Corte de registro que tenga un sello en un condado extranjero no requieren una Apostilla.
 - USTED **NO** tiene que proporcionar una Declaración Jurada si solicita una Copia Informativa Certificada del registro de nacimiento.
- Presentar la cantidad apropiado para cada copia solicitada. Si no se encuentra ningún registro, se retendrá la tarifa para la búsqueda (como lo exige la ley) y se emitirá un "Certificado de no registro público". Indique el número de copias que desea e incluya la(s) tarifa(s) correcta(s) en forma de cheque personal* o giro postal pagadero a Madera County Recorder. **NO ENVÍE DINERO EN EFECTIVO.**

CERTIFICADOS DE NACIMIENTO	\$29.00 POR COPIA (\$22.00 PARA AGENCIAS GUBERNAMENTALES)
CERTIFICADOS DE DEFUNCIÓN	\$24.00 POR COPIA
CERTIFICADOS DE MATRIMONIO	\$17.00 POR COPIA (\$12.00 PARA AGENCIAS GUBERNAMENTALES)

- Envíe las solicitudes completadas por correo a:

**Registrador del Condado de Madera
A la atención de: Vital Records
200 W. 4th Street
Madera, CA 93637**

IMPORTANTE: Los cheques personales del Solicitante pueden ser aceptados, sin embargo, estos pedidos se mantendrán durante 10 días laborales.

LAS COPIAS CERTIFICADAS EMITIDAS POR NUESTRA OFICINA NO TENDRÁN EL "NÚMERO DE ARCHIVO ESTATAL". SI ESTO ES NECESARIO POR LA AGENCIA ACEPTANTE, DEBE OBTENER COPIAS DEL CDPH.

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The California Health and Safety Code, Section 103526, permits only authorized persons as defined below, to receive certified copies of DEATH records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY". Please indicate whether you would like a Certified Copy or an Informational Certified Copy.

I would like a **Certified Copy** of the record identified on the application form. In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below

I would like a **Informational Certified Copy** of the record identified on the application form. You are not required to select from the list below.

I am,

The parent or legal guardian, child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.

A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the DEATH record in order to comply with the requirements of § 3140 or 7603 of the Family Code. (Please include a copy of the court order)

A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a governmental agency must provide authorization from the governmental agency.)

Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.)

An attorney representing the registrant or the registrant's estate.

An agent or employee of a funeral establishment (acting within the scope of employment and on behalf of persons specified in HSC § 7100 (a) (1) - (8)).

Surviving next of kin (as specified in HSC § 7100).

APPLICANT INFORMATION (Please Print or Type)

Printed Name of Person Requesting Record	Agency Name (if applicable)	Date	Telephone Number
Mailing Address - Number, Street	City	State	Zip Code
ID Information (Office use only)	Number of Copies Requested	x \$24 each = \$ Amount Due	

DEATH RECORD INFORMATION (Please Print or Type)

Name on Certificate - First Name	Middle Name	Last Name
Date of DEATH	City or Town of DEATH	Place of DEATH - County MADERA COUNTY
Full Name of Spouse (if applicable)	Decedent's Mother's Maiden Name	
Decedent's Gender (check one) Male Female Non-binary	Decedent's Date of Birth	

IF SUBMITTING BY MAIL, BE SURE TO INCLUDE THE FOLLOWING:

Fees made payable to Madera County Recorder.

Completed application. (Page 2)

Completed attached, notarized sworn statement as required. (Page 3)

Mail to: Madera County Recorder, 200 W. 4th Street, Madera CA 93637

Please call our office at (559) 675-7724) or email RecorderInfo@maderacounty.com with any questions.

COMO PARTE DE LOS ESFUERZOS ESTATALES PARA PREVENIR EL ROBO DE IDENTIDAD, California ley (salud y seguridad código sección 103526) permite solo autorizado a individuos enumerados in la solicitud para recibir copias certificadas de Acta de DEFUNCION. Todos los demás se emitirá Copia informativa certificada marcado con la leyenda, "Informational, Not A Valid Document to Establish Identity."

Quiero pedir una Copia Certificada. Esta copia será para establecer la identidad de la persona registrada. (Para recibir una copia certificada, debe indicar su relación con la persona nombrada en el formulario de solicitud, seleccionando de la lista a continuación.)

Quiero pedir una Copia Informativa Certificada. No es un documento valido para establecer la identidad y la declaración jurada no tiene que ser completado

Soy,

Un padre o un guardián legal, un hijo/hija, abuelo/abuela, hermano/hermana, esposo/a, o pareja domestica del registrado

Una persona con derecho a recibir el registro, como resultado de una orden de la corte, un abogado, una agencia de adopción con licencia, buscando el registro de DEFUNCION para cumplir con los requerimientos de la § 3140 o 7603 del código Familiar.

Un miembro de una agencia responsable de hacer cumplir la ley, o de otra agencia gubernamental, come esta dispuesta por la ley, para quien esta conduciendo un asunto oficial.

Un abogado representando al Registrado o propiedad del registrado, persona o agencia con poder estatutario o nombrado por una corte para actuar en nombre del registrado

Un agente o empleado de un establecimiento funerario (actuando dentro del ámbito del empleo y en nombre de las personas enumeradas en HSC § 7100 (a) (1) - (8)).

Sobreviviendo a los familiares más cercanos (como se indica en HSC § 7100).

INFORMACION DEL SOLICITANTE (LETRA DE MOLDE)

Escribe el nombre del solicitante	Nombre de la agencia (si corresponde)	Fecha de hoy	Numero de teléfono
Numero y calle de domicilio	Ciudad	Estado	Código Postal
ID Información (Solo uso de Oficina)	Numero de copias	Cantidad incluida x \$24 cada copia = \$	

INFORMACION DE REGISTRO DE DEFUNCION (Por favor imprima)

Primer nombre en el certificado	Medio nombre	Apellido(s)
Fecha de DEFUNCION	Ciudad de DEFUNCION	Condado en donde nació MADERA COUNTY
Nombre completo del cónyuge (si corresponde)	Apellido de soltera de la madre del difunto☐	
Género del difunto (marque uno)☐ Masculino Feminina Genero no binario	Fecha de NACIMIENTO del difunto☐	

Si envía por correo, asegúrese de incluir lo siguiente:

*** Solicitud completa (página 2).**

*** Declaración jurada certificada ante notario adjunta completa según se requiera (página 3).**

*** Tasas pagaderas a Madera County Recorder.**

Envíe por correo a: Madera County Recorder, 200 W. 4th Street, Madera CA 93637

Por favor llame a nuestra oficina al (559) 675-7724 o envíe cualquier pregunta por correo electrónico a RecorderInfo@maderacounty.com.

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Applicant's Printed Name)

State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

(The remaining information must be completed in the presence of a Notary Public or County Recorder staff.)

Subscribed to this _____ day of _____, 20____, at _____, _____
(Day) (Month) (City) (State)

(Applicant's Signature)

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 _____

County of _____

On _____ before me, _____, personally appeared _____,
(Insert name and title of the officer)

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.
(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

Declaración jurada

Yo, _____, declaro bajo pena de perjurio bajo las leyes del estado de California, que soy una
 (Nombre del Solicitante)

persona autorizada según se define en la sección de código de seguridad y salud de California § 103526(c) y soy una persona elegible para recibir una copia certificada del certificado de nacimiento, defunción, o matrimonio de la persona(s) siguientes:

Nombre de la persona enlistada en la Certificado	Su relación a la persona en el certificado (Requisito)

(La información restante debe completarse en presencia de un Notario Público o del personal del Registro del Condado.)

Suscrito este _____ día de _____, 20____, a _____
 (Dia) (Mes) (Ciudad) (Estado)

 (Firma del aplicante)

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 _____

County of _____

On _____ before me, _____, personally appeared _____,
 (Insert name and title of the officer)

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.
 (SEAL)

 (SIGNATURE OF NOTARY PUBLIC)