



*Madera County Department of Public Health*  
**APPLICATION FOR CERTIFIED COPY  
OF BIRTH RECORD**

SARA BOSSE  
Public Health Director

SIMON PAUL, MD  
Health Officer

**INSTRUCTIONS:**

1. If you are requesting a certified **INFORMATIONAL COPY**, complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting a regular **CERTIFIED COPY**, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Public Health Dept. staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.**
3. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the **APPLICANT INFORMATION** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Birth Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. **If the registrant has been adopted, please make the request in the adopted name.**
5. Submit \$29 for **each** certified copy request. If no record of birth is found, the \$29 fee will be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a money order or personal check, made payable to the Madera County Department of Public Health. Mail this application and the fee(s) to:

Madera County Department of Public Health  
Office of Vital Statistics  
1604 Sunrise Ave.  
Madera, CA 93638-5715  
Office (559) 675-7893 Fax (559) 675-0478

**NOTICE: Orders received by mail must be accompanied by the attached sworn statement.**  
**(See cover page for instructions).**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below, to receive certified copies of birth 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 a certified Informational 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 certified Informational Copy of the record identified on the application form. (You are not required to select from the list below).

I am,

- The registrant or a parent or a legal guardian 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 birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate.

**First Name:**

**APPLICANT INFORMATION (Please Print or Type)**

Printed Name of Person Requesting Record	Signature	Date	Telephone Number
Address - Number, Street	City	State	Zip Code
Name of Person Receiving Copies (if different)	Number of Copies Requested _____	\$29 each	Amount Due
Mailing Address for Copies (if different)	City	State	Zip Code

**BIRTH CERTIFICATE INFORMATION (Please Print or Type)**

Name on Certificate - First Name	Name on Certificate - Middle Name	Name on Certificate - Last Name
Date of Birth	City or Town of Birth	Place of Birth - County
Father’s First Name	Father’s Middle Name	Father’s Last Name
Mother’s First Name	Mother’s Middle Name	Mother’s Maiden Name

**Last Name:**

**OFFICE USE ONLY**

Receipt #	Log #
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**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
 (Applicant's Printed Name)

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):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

*(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
 (Day) (Month) (City) (State)

\_\_\_\_\_  
 (Applicant's Signature)

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

**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