



TULARE COUNTY  
APPLICATION FOR A BIRTH CERTIFICATE

LRN # \_\_\_\_\_

\$29.00 PER COPY

COPIES REQUESTING: \_\_\_\_\_

CHILD'S INFORMATION:

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MOTHERS MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

APPLICANT INFORMATION:

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
NUMBER STREET (P.O. BOX) 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<br>103526(c) (1)  | <input type="checkbox"/> 2. Court order, Attorney (of Licensed Adoption Agency)<br>103526(c) (2)                        |
| <input type="checkbox"/> 3. Law Enforcement, Government Agency<br>(conducting Official Business)<br>103526(c)(3) | <input type="checkbox"/> 4. Child, Grandparent, Grandchild, Sibling, Spouse,<br>Domestic Partner (SRDP)<br>103526(c)(4) |
| <input type="checkbox"/> 5. Attorney Representing Registrant etc.<br>103526(c)(5)                                | <input type="checkbox"/> 6. Funeral Director<br>103526(c)(6)  |
| <input type="checkbox"/> 7. Other, <b>INFORMATIONAL COPY ONLY</b><br>103526(b)(1)                                |   |

**IF SUBMITTING IN PERSON, YOU MUST COMPLETE THIS PART IN THE PRESENCE OF A VITAL RECORDS STAFF. IF SUBMITTING BY MAIL, THIS STATEMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, MAKE CHECK/MONEY ORDER PAYABLE TO VITAL STATISTICS AND MAIL TO: TULARE COUNTY VITAL STATISTICS, 1150 SOUTH K STREET, TULARE, CA 93274**  
**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 \_\_\_\_\_.

Signature: \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT**

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:

\_\_\_\_\_  
Signature of Notary Public

**OFFICE USE ONLY:**

Cert #(s) \_\_\_\_\_ Amend(s) # \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ YES Check/MO # \_\_\_\_\_ Receipt/CC # \_\_\_\_\_ Clerk: \_\_\_\_\_