

# TULARE COUNTY CLERK-RECORDER - APPLICATION FOR BIRTH RECORD

PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.


- ◆ The registrant or a parent or 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.
- ◆ Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTORIZED CERTIFICATE OF IDENTITY

I am requesting an AUTHORIZED copy

I am requesting an INFORMATIONAL copy

AGE LAST BIRTHDAY - EDAD CUMPLIDA	NUMBER OF COPIES NUMERO DE COPIAS		<b>CLERK-RECORDER USE ONLY</b>  Certificate : _____  Book#: _____ Page#: _____  Delayed: _____ A/C: _____  <input type="checkbox"/> Deceased <input type="checkbox"/> Imaged <input type="checkbox"/> Informational <input type="checkbox"/> For Gov't Use Only <input type="checkbox"/> No Record <input type="checkbox"/> Agency <input type="checkbox"/> Free  											
Month/Mes      Day/Dia      Year/Año														
Date of Birth - Fecha De Nacimiento														
NAME GIVEN AT BIRTH (first, middle, last) - NOMBRE DE NACIMIENTO (primer, segundo, apellido)														
CITY OF BIRTH - CIUDAD DE NACIMIENTO														
NAME OF FATHER - NOMBRE DEL PADRE														
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE														
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - RECACION A REGISTRANTE														
I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(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 _____														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">NAME - NOMBRE</td></tr> <tr><td colspan="3">STREET ADDRESS - NUMERO Y CALLE</td></tr> <tr><td>CITY - CIUDAD</td><td>STATE - ESTADO</td><td>ZIP - ZONA POSTAL</td></tr> <tr><td colspan="3">PHONE NUMBER - NO DE TELEFONO</td></tr> </table>			NAME - NOMBRE			STREET ADDRESS - NUMERO Y CALLE			CITY - CIUDAD	STATE - ESTADO	ZIP - ZONA POSTAL	PHONE NUMBER - NO DE TELEFONO		
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DL/ID _____	Expires _____		BN#:											