

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		CLERK-RECORDER USE ONLY				
Month/Mes Day/Dia Year/Año							
Date of Birth - Fecha De Nacimiento			Certificate : _____				
NAME GIVEN AT BIRTH (first, middle, last) - NOMBRE DE NACIMIENTO (primer, segundo, apellido)			Book#: _____ Page#: _____				
CITY OF BIRTH - CIUDAD DE NACIMIENTO			Delayed: _____ A/C: _____				
NAME OF FATHER - NOMBRE DEL PADRE			<input type="checkbox"/> Deceased				
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE			<input type="checkbox"/> Imaged				
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - RELACION A REGISTRANTE			<input type="checkbox"/> Informational				
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.			<input type="checkbox"/> For Gov't Use Only				
Sworn this _____ day of _____, _____ at _____			<input type="checkbox"/> No Record				
Signature _____			<input type="checkbox"/> Agency				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">NAME - NOMBRE</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS - NUMERO Y CALLE</td></tr> <tr><td style="padding: 2px;">CITY - CIUDAD STATE - ESTADO ZIP - ZONA POSTAL</td></tr> <tr><td style="padding: 2px;">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	<input type="checkbox"/> Free
NAME - NOMBRE							
STREET ADDRESS - NUMERO Y CALLE							
CITY - CIUDAD STATE - ESTADO ZIP - ZONA POSTAL							
PHONE NUMBER - NO DE TELEFONO							
DL/ID _____ Expires _____							
			BN#:				