



Application for a San Bernardino County Birth Certificate

LARRY WALKER Auditor/Controller-Recorder County Clerk

INFORMATION: San Bernardino County only has records of births that occurred in San Bernardino County. For all other birth records you must contact the county in which the birth occurred or contact the State Office of Vital Records, 304 S. Street, P.O. Box 730241, Sacramento, CA 94244-0241. Phone Number: (916) 445-1719.

INSTRUCTIONS: Use a separate blank application for each record of birth requested. All sections must be completed in their entirety. The fee is \$18.00 for each certified copy requested. If no record of the birth is found, the \$18.00 fee will be retained for searching as required by statute and a "Certification of No Record" will be issued.

PAYMENT OPTIONS:

Mail orders - Check or credit card (Visa or Mastercard only). Include with this application sufficient money, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the "San Bernardino County Recorder". The fee is \$18.00 for each certified copy. Mail this application along with the fee to the San Bernardino County Recorder's Office, 222 West Hospitality Lane, San Bernardino, CA 92415. Please allow 3-5 weeks processing time.

Walk-in customers - Check or cash for same day service.

CERTIFICATE INFORMATION - PLEASE PRINT LEGIBLY OR TYPE

- 1. Give all the information you have available for the identification of the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
2. The County Recorder may provide a certified copy of a birth record to an authorized person only. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Section 103526), the County Recorder may only issue an informational certified copy of birth with a legend stating "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." This section of the application must be completed prior to submission and no refund or exchanges will be made after the copy has been issued. Please indicate the number of certified copies you are requesting.

Form with fields: Name on Certificate - First Name, Middle Name, Last Name, City or Town of Birth, Date of Birth, Number of Copies Requested, Sex: Male ف Female ف, Indicate "Certified" Copy or "Informational" Copy, Maiden Name of Mother, Name of Father

APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE

- 1. When Appearing In Person - San Bernardino County requires photo identification. You will need to sign the application under penalty of perjury in front of a member of our staff.
2. Mail Requests - Complete this bottom section but do not sign the Penalty of Perjury statement. See the reverse side of form.

Form with fields: Purpose for Which Certificate is to Be Used, Relationship to Certificate Holder, Name of Person Completing Application, Daytime Telephone Number - Area Code First, Address - Number, Street, and Unit # (if applicable), City, State, Zip Code

I agree not to use the birth record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

BELOW SECTION FOR RECORDER'S USE ONLY

Form with fields: Local Registration Number, Amendment Number(s), Bank Note Paper Number(s), Restr. ف, Unrestr. ف, CTF. No Record ف, Date Processed, (Circle One) Counter Mail, Type of I.D. and Identifying Numbers, Clerk's Initials

**Mail Requests** – Payment may be made by check, postal or bank money order, cashier’s check, Visa or Mastercard. Please check the appropriate box:

Check Enclosed

Money Order/Cashier’s Check

Credit Card # \_\_\_\_\_ V-Code \_\_\_\_\_

(V-Code is the last 3 digits on the signature line located on the back of the card)

Type of Card \_\_\_\_\_ (Visa or Mastercard) Expiration Date \_\_\_\_\_

(This transaction is subject to a \$3.00 processing fee.)

**IMPORTANT**

**You will need to sign this penalty of perjury statement in front of a notary public prior to submission. Please Note: When submitting multiple certificate requests, all must be signed, however, only one request would require the notarized statement.**

I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared \_\_\_\_\_ personally known to me (or 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.

WITNESS my hand and official seal.

(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE