Print Form

San Bernardino County Recorder-Clerk
APPLICATION FOR CERTIFIED COPY

☐ **BIRTH** Certificate ($28.00) ☐ **DEATH** Certificate ($21.00) ☐ **MARRIAGE** Certificate ($15.00)

Adopted: ☐ Yes ☐ No

INFORMATION: **San Bernardino County only has records of births and deaths that occurred in San Bernardino County** or marriage licenses that were purchased in **San Bernardino County.** For all other vital records you must contact the county in which the event is registered or contact the State Office of Vital Records - M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone Number: (916) 445-2684.

INSTRUCTIONS: Use a separate blank application for **each** different record requested. **All sections must be completed in their entirety**. If no record of the event is found, the fee will be retained for searching as required by statute and a "Certification of Search" will be issued.

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 vital 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 with a legend stating "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**." This application must be completed **prior to conducting a search for the record** and no refunds or exchanges will be made once the copy(s) have been issued.

PAYMENT OPTIONS:

Mail orders - Check or credit card. All mail orders are subject to a $4.00 processing fee. 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." 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 - Doors are open 8 a.m. to 5:00 p.m., Monday - Friday, excluding holidays.

CERTIFICATE INFORMATION-Please indicate the type of certificate requested and print legibly or type all information below. By my signature I understand that I am to provide exact spelling of the name that appears on the certificate or I will be charged for each additional name search.

Name on Certificate - First Name	Middle Name	Last Name on Certificate
Second Person on Certificate (Marriage) - First Name	Middle Name	Last Name on Certificate
City or Town of Event	Maiden Name of Mother (Birth and Death only)	Name of Father (Birth and Death only)

(Birth Cert. Only) Sex: Male ☐ Female ☐	Date of Event (date of birth, death or marriage)	Number of Copies Requested	Please Indicate: Certified Copy ☐ Informational Copy ☐

APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE

1. When **Appearing In Person - COMPLETE BOTH TOP AND BOTTOM PORTIONS.** 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 both top and bottom portions,** but do not sign the Penalty of Perjury statement. **See the reverse side.**

Purpose of Request (ie: passport, insurance, school, sports etc.)	Relationship to Certificate Holder (ie: self, parent, grandparent, child etc.)		
Name of Person Completing Application	Daytime Telephone Number - Area Code First		
Address - Number, Street, and Unit # (if applicable)	City	State	Zip Code

☐ Informational Copies - I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes.

☐ Certified Copies - 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.

Date _____ Signature _____

BELOW SECTION FOR RECORDER'S USE ONLY

Local Registration Number	Amendment Number(s)	Bank Note Paper Number(s)	Reg ☐ Inf. Copy ☐ CTF No Record ☐
Date Processed	Counter ☐ Mail ☐	Type of ID and Identifying Numbers	LDC 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 _____ Expiration Date _____

(Visa or Mastercard)

(Subject to a processing fee)

IMPORTANT

By my signature I understand that I am to provide exact spelling of the name that appears on the certificate or I will be charged for each additional name search.

Unauthorized Persons/Informational Copies - Please sign below.
I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes.

Dated _____ _____

Signature

Authorized Persons/Regular Certified Copies - Requestor 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 _____

On _____ before me, _____ ,

(Date) (Name and title of officer)

personally appeared _____ , who proved to me on the basis of

(Name of person signing)

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 Officer

(Seal)