



**San Bernardino County Recorder-Clerk  
Application for Certified Copy  
Fetal Death Certificate (\$21.00 each)  
(Mail Request Only)**

**INFORMATION:** San Bernardino County only has records of fetal deaths that occurred in San Bernardino County. Please contact the county in which the event is registered or contact the California State Office of Vital Records – M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone Number (916) 445-2684.

**INSTRUCTIONS:**

1. Complete a separate application for each fetal death record requested.
2. Complete the **Applicant Information** section and provide your signature where indicated. In the **Fetal Death** Information section, provide all the information you have available to identify the fetal death record. If the information you provide is incomplete or inaccurate, the record might not be located. If you require documentation that the fetal death record **does not** exist, check the box for **CNPR** (Certificate of No Public Record) Request.

**PAYMENT OPTIONS:** Submit \$21.00 for each copy requested. If no fetal death record is found, the fee will be retained for searching the record (H&S Code Section 103650) and a “Certificate of No Public Record” will be issued to the applicant. Indicate the number of copies needed. Payment may be made by check, postal or bank money order, cashier’s check made payable to the San Bernardino County Recorder-Clerk. **PLEASE DO NOT SEND CASH BY MAIL.** (San Bernardino County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered.)

**MAILING ADDRESS:** Mail completed application and fee(s) to San Bernardino County Recorder-Clerk, 222 W. Hospitality Lane, 1<sup>st</sup> Floor, San Bernardino, CA 92415-0022.

<b>FETAL DEATH INFORMATION-(Legibly Print or Type) Complete information below as shown on the fetal death record, to the best of your knowledge. By signing, you understand that the exact spelling of the name has been provided or you will be charged for each additional name searched.</b>			
<b>FETAL DEATH FIRST</b> Name		<b>MIDDLE</b> Name	<b>LAST</b> Name
City/Town of Fetal Death (must be San Bernardino County)		County of Fetal Death	
Date of Fetal Death (MM/DD/CCYY (If unknown, enter approximate date of fetal death):			
<b>Father/Parent FIRST</b> Name		<b>MIDDLE</b> Name	<b>LAST</b> Name
<b>Mother/Parent FIRST</b> Name		<b>MIDDLE</b> Name	<b>LAST</b> Name
<b>APPLICANT INFORMATION – (Legibly Print or Type)</b>			
Purpose of Request		Number of Copies	Amount Enclosed \$
			Check this box for CNPR Request
Agency Name (if applicable)		Agency Case Number	
Print Name of Applicant		Mailing Address – Number, Street, or Unit #, if applicable	
City		State	Zip Code
Daytime Telephone Number – Area code First		Country	E-mail Address
Name of Person Receiving Copies		Mailing Address for Copies	
City		State	Zip Code
Applicant Signature			Date
<b>BELOW SECTION FOR RECORDER’S USE ONLY</b>			
Date Processed	Type of ID and Identifying Numbers		Records Tech. Initials

**Mail Requests** - Payment may be made by check, postal or bank money order, or cashier's check.  
Please check the appropriate box:

Check Enclosed       Money Order/Cashier's Check

**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.**

**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**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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)