



**San Bernardino
Recorder-County Clerk**
222 W. Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0022
Phone: (909) 387-8306
Website: arc.sbcounty.gov

APPLICATION FOR CERTIFIED COPY (Mail Requests Only)

BIRTH Certificate (\$34.00)

DEATH Certificate (\$26.00)

MARRIAGE Certificate (\$19.00)

Adopted: Yes No

Public Confidential

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, 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 requester 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.
3. **Mail Process Fees:** Standard USPS Mail \$3.50 or Priority USPS Mail \$29.00.

PAYMENT OPTIONS:

Mail orders - With this application include sufficient funds, in the form of a personal check, cashier's check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the "San Bernardino County." Mail the completed application along with the fees to the San Bernardino Recorder-County Clerk, 222 West Hospitality Lane, San Bernardino, CA 92415. **Please allow 3-4 weeks for processing.**

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.

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

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

BELOW SECTION FOR RECORDER'S USE ONLY

Date Processed	Type of ID and Identifying Numbers	Records Tech. Initials
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Mail Delivery Request and Payment Options

Payment must be made by personal check, cashier's check, postal money order, or bank money order, payable to San Bernardino County. Please check the appropriate box(es) to indicate your payment method and USPS mail delivery option.

Check Enclosed

Money Order or Cashier's Check

Standard USPS Mail \$3.50

Priority USPS Mail \$29.00

IMPORTANT

Select Option 1 or 2, complete application in full and follow mailing instructions. 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.

Option 1 **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

Option 2 **Authorized Persons/Regular Certified Copies** - Requester 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, _____, Notary Public
(Date) (Insert Name)

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