



Fresno County Vital Statistics

Mail-In Application for Certified Copy of Birth/Death Record

BIRTH certificate (\$29.00 ea.) _____ DEATH certificate (\$24.00 ea.) _____
 AUTHORIZED _____ INFORMATIONAL _____

INSTRUCTIONS:

1. Use a separate blank application for each record requested. All sections must be completed in their entirety.
2. Give all information you have available for the identification of the record requested. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
3. When Appearing in Person – Complete Box 1 and 2. Fresno County requires photo identification. You will need to sign the application, Box 3, under penalty of perjury in front of a member of our staff.
4. Mail Requests – Complete sections 1 and 2. Before mailing, section 3 must be signed in front of a Notary Public.

PAYMENT OPTIONS:

Mail Orders – Include with applications sufficient dollar amount, in the form of a personal check, cashier’s check, or money order made payable to “Fresno County.” Mail this application along with the fee to Fresno County Vital Statistics, 1221 Fulton St, Fresno, CA 93721. Please allow 3 – 5 business days for processing time. Fresno County is not responsible for items lost in the mail.

Walk-in customers – Monday – Friday, excluding holidays, 8:00 a.m. – 12:00 p.m., 12:30 p.m. - 4:30 p.m. Call (559) 600-3310 for more info.

1. CERTIFICATE INFORMATION			
Name on Certificate – First Name:		Middle Name:	Last Name:
City / Town of Event:		Date of Birth / Death	Number of copies requested:
Maiden Name of Mother:		Father’s Name:	
2. APPLICANT INFORMATION			
Name of Person Completing Application		Relationship to Certificate Holder:	
Address – Number, Street, Unit # (If Applicable)		City	State Zip
Phone Number – ()			
3. SIGNATURE – Penalty of Perjury			
<p>Informational Copies – I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes.</p> <p>Authorized 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.</p>			
_____		_____	
Date		Signature	
BELOW SECTION FOR VITAL STATISTICS ONLY			
Authorized Informational		Date Processed:	
Counter	Mail	LFN:	Cashier (Initials):



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Mail Requests – Payment may be made by check, money order, or cashier’s check.

Please check the appropriate box:

Check enclosed

Money Order/Cashier’s Check

IMPORTANT

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

Authorized 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

Date

CERTIFICATE OF ACKNOWLEDGEMENT

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

STATE OF _____)

County of _____)

On _____, before me _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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.

(NOTARY SEAL)

NOTARY SIGNATURE