

**AUDITOR/CONTROLLER-RECORDER  
COUNTY CLERK**

COUNTY OF SAN BERNARDINO

**AUDITOR/CONTROLLER** • 222 West Hospitality Lane, Fourth Floor  
San Bernardino, CA 92415-0018 • (909) 387-8322 • Fax (909) 386-8830**RECORDER • COUNTY CLERK** • 222 West Hospitality Lane, First Floor  
San Bernardino, CA 92415-0022 • (909) 387-8306 • Fax (909) 386-8940**LARRY WALKER**  
Auditor/Controller-Recorder  
County Clerk**ELIZABETH A. STARBUCK**  
Assistant Auditor/Controller-Recorder  
Assistant County Clerk

November 15, 2007

U.S. Department of Homeland Security  
c/o Robert Codero  
1705 East Hanna Road  
Eloy, AZ 85231

Transmittal Number: 952858

Dear U.S. Department of Homeland Security:

The attached request that you submitted has not been processed due to the following reasons:

**Written request or application is incomplete. Please complete the enclosed application form.****Incorrect fees enclosed. Please include a check or money order payable to the "County Recorder" for the correct amount.****Birth Copy Fees are \$ 17.00 per copy****\* Explanation:****Please have Richard Steven Reiss sign the enclosed notary statement and have it notarized.**

(Please note that our office is unable to provide refunds on over payments).

Please return all paperwork and correct fees in the enclosed self-addressed envelope, and we will process your request immediately upon receipt.

If you have any questions or need further information, please do not hesitate to contact the Vital Records Department at (909) 387-8314. Thank you for the opportunity to respond to your request.

Respectfully,

A handwritten signature in black ink, appearing to read "James Valdez".

James Valdez  
Legal Document Classifier I



## 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 – M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone Number: (916) 445-2684.

**INSTRUCTIONS:** Use a separate blank application for each record of birth requested. All sections must be completed in their entirety. The fee is \$17.00 for each certified copy requested. If no record of the birth is found, the \$17.00 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). 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". The fee is \$17.00 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.

Name on Certificate – First Name	Middle Name	Last Name on Certificate	
City or Town of Birth	Date of Birth	Number of Copies Requested	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
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 – 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 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 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

Local Registration Number	Amendment Number(s)	Bank Note Paper Number(s)	Reg. Info. Cpy CTF. No Record <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Visa or Mastercard)

(Subject to a processing fee)

### IMPORTANT

**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.

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Name and title)

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

### **Authorized Persons Identified in Health & Safety Code Section 103526**

- (1) The registrant or a parent or legal guardian of the registrant.
- (2) A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- (3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- (4) A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- (5) An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
- (6) Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Health and Safety Code Section 7100. (Notary acknowledgment not required).

McCarthy  
8/17/09