Borel Fire

APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD

NOTE: Confidential Marriages can only be purchased from the County Clerk.

Effective Jan. 1, 2010, **Certified Copies** can be issued **ONLY** to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** only.

Fee: $0 per copy (check or money order payable to the Kern County Recorder)

If no record is found, the fee(s) will be retained for searching the record (as required by law) and a Certificate of No Record Found will be issued to the applicant.

Kern County Recorder's Office, 1655 Chester Avenue, Bakersfield, CA 93301: (661) 868-6449

Please indicate the type of certified copy you are requesting:

☐ I would like a **Certified Copy**. (To receive a Certified Copy you ***MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT*** by selecting from the list below ***AND COMPLETE THE ATTACHED SWORN STATEMENT*** declaring that you are eligible to receive the Certified Copy. The Sworn Statement ***MUST BE NOTARIZED*** if ***the application is submitted by mail unless you are a law enforcement or local or state government agency.***)

☐ I would like a **Certified Informational Copy**. This document will be printed with perforated text which states, "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**." *(A Sworn Statement and Certificate of Acknowledgment are not required for a Certified Informational Copy.)*

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the perforated text, the documents contain the exact same information.

To receive a **Certified Copy**, under California Health and Safety Code 103526(a)(2) et seq., I am:

- ☐ The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.
- ☐ 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.
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. *(Companies representing a government agency must provide authorization from the government agency.)*
- ☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- ☐ 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. *(If you are requesting a Certified Copy under a power of attorney, please include a copy of the Power of Attorney with this application form.)*

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date: _____

Agency Name (if appropriate)	Agency Case No. (if appropriate)	Purpose of Request:		
Printed Name **and Signature** of Applicant			Number of Copies	Amount Enclosed
Mailing Address—Number, Street		Name of Person Receiving Copies, If Different From Applicant		
City	State/Province	ZIP Code	Mailing Address for Copies, If Different From Applicant	
Daytime Telephone (include Area Code) ( )	Country	City	State/Province	ZIP Code

MARRIAGE CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

NAME OF FIRST PERSON ☐ **Groom** ☐ **Bride**

LAST NAME	**FIRST NAME**	**MIDDLE NAME** (if applicable)

NAME OF SECOND PERSON ☐ **Groom** ☐ **Bride**

LAST NAME	**FIRST NAME**	**MIDDLE NAME** (if applicable)
City of Marriage		
Date of Marriage—MM/DD/CCYY (in unknown, enter approximate date of marriage)		

INCLUDE A SELF-ADDRESSED PREPAID RETURN ENVELOPE FOR RETURN BY MAIL

SWORN STATEMENT

I,_____, declare under penalty of perjury under the laws of the
(**Applicant's** Printed Name)

State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and that I am a survivor of the **Borel Fire** and lost certified copies of birth, death, or marriage records as a result. Pursuant to the Governor's Proclamation of a State of Emergency, I am eligible to receive a free certified copy of the birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	**Applicant's Relationship to Registrant (Must be an authorized person)**

(*The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)*

Subscribed to this _____ day of _____, 20___, at _____, _____.
(Day) (Month) (City) (State)

_____
(**Applicant's** 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, _____, personally appeared _____,
(Insert name and title of the officer)

who 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. 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.
(SEAL)

_____
(SIGNATURE OF NOTARY PUBLIC)