

**INSTRUCTIONS FOR APPLICATION FOR INFORMATIONAL COPY(IES) OF A
BIRTH RECORD:**

1. Complete items 1. and 2. of a separate APPLICATION for each individual's record you are requesting.
2. Send APPLICATION(s) with a check or money order for **\$16.00** for each certificate requested to:

**INYO COUNTY RECORDER
P. O. BOX F
168 N. EDWARDS ST.
INDEPENDENCE, CA 93526**

APPLICATION FOR INFORMATIONAL COPY OF BIRTH RECORD

1. REGISTRANT INFORMATION

NUMBER OF COPIES @ \$16.00 EACH _____			
Name on Certificate – First	Middle	Last	Sex
Date of Birth	Place of Birth – City or Town	Place of Birth - County	
Father's Name		Mother's Maiden Name	

2. APPLICANT INFORMATION

Printed name of Person completing Application	Date	Telephone Number	
Address – Number, Street or P. O. Box	City	State	ZIP Code
Mailing Address for Copies if different from Above	City	State	ZIP Code
Signature of Applicant			