

Birth Data Quality Webinar
 July 27, 2016
 Reference Materials Table of Contents

Agenda.....	2
Missing (Incomplete/Unknown/Withheld) Values Table.....	3
Reference during the presentation, “Providing Complete Birth Certificate Information for Public Health Use”	
Hospital Awards for Complete Reporting of Data.....	4
Reference during the presentation, “Providing Complete Birth Certificate Information for Public Health Use”	
Sample VS 10D (Rev. 1/16).....	7
Reference during the presentation, “New Birth Certificate Effective January 1, 2016 (Assembly Bill 1951, Chapter 334, Statutes of 2014)”	
Birth Amendment Cheat Sheet.....	9
Reference during the presentation, “Reference Tools for Birth Registration”	
Worksheet Packet for Collection of Birth Certificate Information.....	10
Reference during the presentation, “Reference Tools for Birth Registration”	
The worksheet packet consists of the following documents:	
• What You Need to Know About Your Child’s Birth Certificate	10
• Importance of Collecting Complete and Accurate Birth Certificate Information ..	11
• Certificate of Live Birth Worksheet	12
• Newborn Automatic Number Assignment (NANA) Form	14
• Medical Data Supplemental Worksheet (VS 10A)	15
Timeliness Report by Local Registration District.....	17
Reference during the presentation, “Timeliness of Birth Registration”	
Hospital Timeliness Awards	20
Reference during the presentation, “Timeliness of Birth Registration”	
AVSS Shortcuts	23
Sample VS 10M, Birth Certificate to Reflect More than Two Parents.....	24
Frequently Used Contact Information.....	25
Informational Pamphlets Available Online.....	26
CDPH-Vital Records Estimated Processing Times	27
CDPH-Vital Records Fees.....	28
How to Ask Questions During the Webinar	29



California Department of Public Health (CDPH)

VITAL RECORDS (VR)

July 27, 2016

BIRTH DATA QUALITY WORKSHOP

Agenda

AGENDA TOPICS		PRESENTER
8:30 – 8:45 a.m.	WELCOME AND INTRODUCTIONS	YOLANDA CISCO
8:45 – 9:00 a.m.	PROVIDING COMPLETE BIRTH CERTIFICATE INFORMATION FOR PUBLIC HEALTH USE	JOHN MARINKO
9:00 – 9:15 a.m.	NEW BIRTH CERTIFICATE EFFECTIVE JANUARY 1, 2016, (ASSEMBLY BILL 1951, CHAPTER 334, STATUTES OF 2014)	KAREN ROTH
9:15 – 9:30 a.m.	REFERENCE TOOLS FOR BIRTH REGISTRATION	MATT PLEINES
9:30 – 9:40 a.m.	TIMELINESS OF BIRTH REGISTRATION	MATT PLEINES
9:40 – 10:00 a.m.	OPEN MIC DISCUSSION	KAREN ROTH
10:00 – 10:15 a.m.	BREAK	
10:15 – 11:00 p.m.	COLLECTING BIRTH CERTIFICATE DATA: IT'S ALL IN THE DETAILS AND YOU ARE THE DETECTIVE	BARBARA MURPHY
11:00 – 12:00 p.m.	PATERNITY OPPORTUNITY PROGRAM (POP)	TRACY MCCABE
12:00 – 12:15 p.m.	QUESTIONS/EVALUATIONS/TRAINING CERTIFICATES	

% Missing (Incomplete/Unknown/Withheld) Values for Selected CA Birth Cert Items							
	2010	2011	2012	2013	2014	2015	NCHS Standard*
Mother Hispanic (Unknown/Withheld)	1.8%	1.8%	2.3%	1.8%	2.3%	2.4%	1.0%
Mother's Race (Unknown/Withheld)	1.9%	1.8%	2.4%	2.0%	2.5%	2.6%	1.0%
Mother's Education (Unknown/Withheld)	3.5%	3.5%	4.2%	3.9%	4.2%	4.6%	1.0%
Date LMP Began (Incomplete/Unknown)	7.0%	5.4%	4.8%	3.7%	2.4%	2.2%	12.3%
Date First Prenatal Visit (Incomplete/Unknown)	14.3%	11.4%	10.4%	9.0%	8.0%	7.5%	7.1%
Month Prenatal Care Began (Unknown)	2.1%	2.1%	2.2%	1.7%	1.5%	1.5%	3.1%
Date Last Prenatal Visit (Incomplete/Unknown)	4.7%	3.7%	3.5%	3.1%	2.6%	2.3%	Removed
Number of Prenatal Care Visits (Unknown)	2.7%	2.4%	2.4%	2.0%	1.5%	1.3%	3.7%
Fetal Presentation (Unknown)	7.2%	5.5%	4.6%	3.2%	1.9%	1.8%	1.0%
Mother's Prepregnancy Weight (Unknown)	5.3%	4.8%	4.6%	4.2%	3.6%	3.1%	2.6%
Mother's Weight At Delivery (Unknown)	3.3%	3.0%	2.6%	2.5%	2.1%	1.8%	2.7%
Mother's Height (Unknown)	2.6%	2.1%	1.7%	1.9%	2.0%	1.4%	1.3%
Cigarettes Smoked First Trimester (Unknown)	0.9%	0.9%	0.9%	0.6%	0.5%	0.6%	1.0%
5 Minute APGAR Score (Unknown)	0.7%	0.5%	0.6%	0.5%	0.5%	0.6%	1.0%
* NCHS Standard is 1.5x the median reported by the states for 2012 and above 1.0%.							

Hospital Awards



Hall of Fame



ALAMEDA COUNTY

KAISER HOSPITAL - SAN LEANDRO
ST. ROSE HOSPITAL

BUTTE COUNTY

ENLOE MEDICAL CENTER
OROVILLE HOSPITAL

CONTRA COSTA COUNTY

CONTRA COSTA REGIONAL MEDICAL
DOCTORS MEDICAL CENTER
KAISER - ANTIOCH
KAISER - WALNUT CREEK
SAN RAMON REGIONAL MEDICAL CENTER

EL DORADO COUNTY

BARTON MEMORIAL HOSPITAL

FRESNO COUNTY

ADVENTIST MEDICAL CENTER - SELMA

IMPERIAL COUNTY

PIONEERS MEMORIAL HOSPITAL

KERN COUNTY

DELANO REGIONAL MEDICAL CENTER

Hall of Fame



LOS ANGELES COUNTY

KAISER DOWNEY MEDICAL CENTER
KAISER HOSPITAL - PANORAMA CITY
MONTEREY PARK HOSPITAL
PACIFIC ALLIANCE MEDICAL CENTER
PACIFICA HOSPITAL OF THE VALLEY
PROVIDENCE LCM - TORRANCE
ST. FRANCIS MEDICAL CENTER
WHITTIER HOSPITAL

MENDOCINO COUNTY

MENDOCINO COAST DISTRICT HOSPITAL

MERCED COUNTY

MEMORIAL HOSPITAL LOS BANOS

MONO COUNTY

MAMMOTH HOSPITAL

MONTEREY COUNTY

GEORGE L. MEE MEMORIAL HOSPITAL
NATIVIDAD MEDICAL CENTER
SALINAS VALLEY MEMORIAL HOSPITAL

NAPA COUNTY

QUEEN OF THE VALLEY HOSPITAL

Hall of Fame



ORANGE COUNTY

ANAHEIM GLOBAL MEDICAL CENTER
FOUNTAIN VALLEY REGIONAL HOSPITAL
KAISER FOUNDATION HOSPITAL - ANAHEIM
KAISER FOUNDATION HOSPITAL - IRVINE
LOS ALAMITOS MEDICAL CENTER
ORANGE COUNTY GLOBAL MEDICAL CENTER
SOUTH COAST GLOBAL MEDICAL CENTER
UCI - MEDICAL CENTER

PLACER COUNTY

KAISER FOUNDATION HOSPITAL - ROSEVILLE
SUTTER ROSEVILLE MEDICAL CENTER

RIVERSIDE COUNTY

CORONA REGIONAL MEDICAL CENTER
HEMET VALLEY MEDICAL CENTER
INLAND VALLEY REGIONAL MEDICAL CENTER
KAISER FOUNDATION HOSPITAL - RIVERSIDE
LOMA LINDA UNIVERSITY MEDICAL CENTER
SAN GORGONIO MEMORIAL HOSPITAL

Hall of Fame



SAN BERNARDINO COUNTY

ARROWHEAD REGIONAL MEDICAL CENTER
BARSTOW COMMUNITY HOSPITAL
BEAR VALLEY COMMUNITY HOSPITAL
CHINO VALLEY MEDICAL CENTER
INLAND MIDWIFE SERVICES
KAISER FOUNDATION HOSPITAL - FONTANA
MONTCLAIR HOSPITAL MEDICAL
ONTARIO MEDICAL CENTER
REDLANDS COMMUNITY HOSPITAL
ST. BERNARDINE MEDICAL CENTER
ST. MARY REGIONAL MEDICAL CENTER

SAN DIEGO COUNTY

KAISER HOSPITAL - SAN DIEGO
NAVAL HOSPITAL - CAMP PENDLETON
NAVAL MEDICAL CENTER
PARADISE VALLEY HOSPITAL
SCRIPPS MERCY HOSPITAL CHULA VISTA
SHARP CHULA VISTA MEDICAL CENTER
TRI-CITY MEDICAL CENTER

SAN JOAQUIN COUNTY

LODI MEMORIAL HOSPITAL
ST. JOSEPH'S MEDICAL CENTER
SUTTER TRACY COMMUNITY HOSPITAL

SAN MATEO COUNTY

SEQUOIA HOSPITAL

SANTA BARBARA COUNTY

LOMPOC VALLEY MEDICAL CENTER
MARIAN REGIONAL MEDICAL CENTER
SANTA BARBARA COTTAGE HOSPITAL

SANTA CLARA COUNTY

GOOD SAMARITAN HOSPITAL

Hall of Fame



SOLANO COUNTY

NORTHBAY MEDICAL CENTER

SONOMA COUNTY

SONOMA VALLEY HOSPITAL

STANISLAUS COUNTY

EMANUEL HOSPITAL
MEMORIAL MEDICAL CENTER

SUTTER COUNTY

FREMONT MEDICAL CENTER

TEHAMA COUNTY

ST. ELIZABETH HOSPITAL

TULARE COUNTY

KAWEAH DELTA MEDICAL CENTER
TULARE REGIONAL MEDICAL CENTER

VENTURA COUNTY

SANTA PAULA HOSPITAL
SIMI VALLEY HOSPITAL AND HEALTHCARE SERVICE
ST. JOHN'S REGIONAL MEDICAL CENTER
VENTURA COUNTY MEDICAL CENTER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

THIS CHILD	1A. NAME OF CHILD - FIRST		1B. MIDDLE		1C. LAST	
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/CCYY
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	5C. CITY			5D. COUNTY		
NAME OF PARENT	6A. NAME OF PARENT - FIRST		6B. MIDDLE		6C. LAST	
	9A. NAME OF PARENT - FIRST		9B. MIDDLE		9C. LAST - BIRTH NAME	
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE	
	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY					

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

GENETIC FATHER	19. FATHER HISPANIC, LATINO, OR SPANISH?		18. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.			20C. EDUCATION - HIGHEST LEVEL OR DEGREE			
	20. DATE LAST WORKED - MM/CCYY		20A. USUAL OCCUPATION		20B. KIND OF BUSINESS OR INDUSTRY				
GENETIC MOTHER	22. MOTHER HISPANIC, LATINA, OR SPANISH?		21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.			23C. EDUCATION - HIGHEST LEVEL OR DEGREE			
	23. DATE LAST WORKED - MM/CCYY		23A. USUAL OCCUPATION		23B. KIND OF BUSINESS OR INDUSTRY				
BIRTH PARENT ADDRESS	24A. BIRTH PARENT'S RESIDENCE STREET AND NUMBER, OR LOCATION - DO NOT USE P.O. BOX NUMBERS				24B. COUNTY/PROVINCE				
	24C. CITY				24D. STATE/FOREIGN COUNTRY		24E. ZIP CODE		
MEDICAL AND HEALTH DATA BIRTH PARENT AND NEWBORN	25A. DATE LAST NORMAL MENSES BEGAN		25AA. DATE FIRST PRENATAL CARE VISIT	25B. MONTH PRENATAL CARE BEGAN	25BA. DATE LAST PRENATAL CARE VISIT	25C. NUMBER OF PRENATAL CARE VISITS	25D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE		
	26. BIRTHWEIGHT - GRAMS			27. PREGNANCY HISTORY - COMPLETE EACH SECTION					
	26A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS			A. NUMBER NOW LIVING		B. NUMBER NOW DEAD		D. NUMBER BEFORE 20 WEEKS	
	26B. HEARING SCREENING			C. DATE OF LAST LIVE BIRTH - MM/DD/CCYY			E. NUMBER AFTER 20 WEEKS		F. DATE OF LAST OTHER TERMINATION - MM/CCYY
	28A. METHOD OF DELIVERY			28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY		29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES			
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY					31. ABNORMAL COMPLICATIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN				
A	B	C	D	E	F	CENSUS TRACT		32. 6A-C/PARENT SOCIAL SECURITY NUMBER	33. 9A-C/PARENT SOCIAL SECURITY NUMBER

VS 10D (REV. 1/16)

PRIVACY NOTIFICATION

This information is collected by the State of California, Department of Public Health, Vital Records, MS 5103, PO Box 997410, Sacramento, CA 95899-7410. The information is required by Division 102 of the Health and Safety Code. This record is open to public access except where prohibited by statute. Every element on this form, except items 18 through 23C, 32, and 33, is mandatory. Failure to comply is a misdemeanor. The principal purposes of this record are to: 1) Establish a legal record of each vital event; 2) Provide certified copies for personal use; 3) Furnish information for demographic and epidemiological studies; and 4) Supply data to the National Center for Health Statistics for federal reports. Items 32 and 33 are included pursuant to Section 102425(b)(15) of the Health and Safety Code, and may be used for child support enforcement purposes.

Definition of Live Birth

"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

RACE /ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

RACE/ETHNICITY (FATHER/PARENT)	RACE/ETHNICITY (MOTHER/PARENT)				
<p>HISPANIC, LATINO, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the FATHER/PARENT Hispanic/Latino/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latino/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____</p>	<p>HISPANIC, LATINA, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the MOTHER/PARENT Hispanic/Latina/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latina/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____</p>				
<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The FATHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ </td> </tr> </table>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____	<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The MOTHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ </td> </tr> </table>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____
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<p style="text-align: center;">EDUCATION (FATHER/PARENT)</p> <p>Check 1 box that best describes the highest degree or level of school completed by the FATHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>	<p style="text-align: center;">EDUCATION (MOTHER/PARENT)</p> <p>Check 1 box that best describes the highest degree or level of school completed by the MOTHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>				

Cheat Sheet for Birth Amendments



Type of Amendment	Form Number	What the amendment is used for...	What to submit...	What happens to the original birth certificate...
Acknowledgement of Paternity/Parentage	VS 22	<p>Use this form to:</p> <ul style="list-style-type: none"> add the parent that should be listed in Items 6A-6C if they were not included on the original birth certificate. change the child's surname to match the surname of either parent. Or, add a parent's surname to the child's surname already listed on the birth certificate. add the child's first or middle name when none previously existed. make minor corrections (e.g., spelling of name, incorrect date of birth for parents, etc.) <p>Note: This form must be signed by both parents.</p>	<p>If the child was born January 1, 1995, or later:</p> <ul style="list-style-type: none"> Completed VS 22 If married/State Registered Domestic Partnership (SRDP): <ul style="list-style-type: none"> Photocopy of marriage license/SRDP declaration certificate Notarized sworn statement If not married: <ul style="list-style-type: none"> Photocopy of Declaration of Paternity (CS 909) – POP form. Note: Only biological parents may sign POP form <p>♦ \$23 fee (includes one certified copy of the new birth certificate)</p> <p>If the child was born before January 1, 1995:</p> <ul style="list-style-type: none"> Completed VS 22 Notarized sworn statement \$23 fee (includes one certified copy of the new birth certificate) 	<p>The original birth certificate is sealed and replaced with a new birth certificate.</p> <p><i>Health & Safety Code (H&SC) 102755</i></p>
Adjudication of Facts of Parentage	VS 21	<p>Use this form to change or remove a parent listed on the child's original birth certificate. You may also use this form if one or both parents are unwilling or unavailable to sign the VS 22 form.</p>	<ul style="list-style-type: none"> Completed VS 21 Certified copy of the court order \$23 fee (includes one certified copy of the new birth certificate) 	<p>The original birth certificate is sealed and replaced with a new birth certificate.</p> <p><i>H&SC 102725</i></p>
Affidavit to Amend a Birth Record	VS 24	<p>Use this form to correct errors or add information to blank items on birth certificates.</p>	<ul style="list-style-type: none"> Completed VS 24 Notarized sworn statement (if certified copy of amended record is issued) Appropriate fee (refer to pamphlet for details) 	<p>The original record remains unchanged, and the VS 24 becomes page two of the birth certificate – making it a two-page document.</p> <p><i>H&SC 102140 and 103255</i></p>
Court Order Name Change	VS 23	<p>Use this form to completely change the name of the person listed on the birth certificate.</p>	<ul style="list-style-type: none"> Completed VS 23 Certified copy of the court order \$23 fee (includes one certified copy of the amended birth certificate) 	<p>The original record remains unchanged, and the VS 23 becomes page two of the birth certificate – making it a two-page document.</p> <p><i>H&SC 102140 and 103405</i></p>
Court Order Delayed Registration of Birth	VS 108	<p>Use this form if no documentary evidence for delayed registration of birth, foreign adoptions and foreign births where no certified copy is available.</p> <p>Note: Any beneficially interested person may file a petition to establish the fact of birth.</p>	<ul style="list-style-type: none"> Certified copy of the top portion of VS 108 Completed bottom portion of VS 108 \$23 fee (includes one certified copy of the birth certificate) 	<p>The bottom portion of VS 108 form becomes the birth certificate.</p> <p><i>H&SC 103450</i></p>
Court Report of Adoption	VS 44	<p>The Court Report of Adoption form is used by courts to report adoptions to vital records offices.</p> <p>State Registrars cannot legally prepare a new birth certificate for an adopted person until they have received a Court Report of Adoption.</p> <p>Note: We will accept other states Court Report of Adoption forms and photocopies of the form.</p>	<ul style="list-style-type: none"> Certified copy of the Court Report of Adoption form \$20 fee (if adopted outside of California) Certified copy of the Adoption Order or Final Decree 	<p>The original birth certificate is sealed and replaced with a new birth certificate.</p> <p><i>H&SC 102635</i></p>
Delayed Registration of Birth	VS 85	<p>Use this form to register a California birth when the birth was not registered within one year of the date of birth.</p>	<ul style="list-style-type: none"> Completed VS 85 \$23 fee (includes one certified copy of the birth certificate) Notarized sworn statement Documentary evidence POP laws apply – if the person was born after 1995 (refer to Acknowledgement of Paternity/Parentage section above) 	<p>The VS 85 form becomes the birth certificate.</p> <p><i>H&SC 102530</i></p>
Gender Errors	VS 24	<p>Use this process to correct gender errors on the birth certificate.</p>	<ul style="list-style-type: none"> Completed VS 24 Notarized sworn statement \$23 fee (includes one certified copy of the new birth certificate) 	<p>The original birth certificate is sealed and replaced with a new birth certificate.</p> <p><i>H&SC 103447.5</i></p>
Gender Reassignment	VS 24	<p>Use this process when a person has undergone clinically appropriate treatment for the purpose of gender transition.</p>	<ul style="list-style-type: none"> Completed VS 24 Certified copy of court order (if applicable) Physician's affidavit \$23 fee (includes one certified copy of the new birth certificate) 	<p>The original birth certificate is sealed and replaced with a new birth certificate.</p> <p><i>H&SC 103425, 103426 and 103430</i></p>
Supplemental Name Report - Birth	VS 107	<p>Used this form to add only the child's first, middle or last names.</p>	<ul style="list-style-type: none"> Completed VS 107 Notarized sworn statement (if certified copy of amended record is issued) Appropriate fee (refer to pamphlet for details) 	<p>The original record remains unchanged, and the VS 107 becomes page two of the birth certificate – making it a two-page document.</p> <p><i>H&SC 102140 and 103340</i></p>

WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

Your child's birth certificate lasts forever. Please be certain the information on the certificate is accurate and complete *before* you sign it.

- The birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take a couple months to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website at:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

Common mistakes that require amendments or court orders:

- Misspelled first, middle, and last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Reversed order of last names (surnames)
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Errors on birth certificates
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but an amendment is attached to create a **two-page** document.

- ✓ Parents, please review the information on the birth certificate carefully before you sign it.
- ✓ Your signature confirms that you have reviewed the information and that the facts are correct.

Amendment forms may be obtained at the local health department or county recorder's office.



Importance of Collecting Complete and Accurate Birth Certificate Information

Why is the birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code Section (H&SC) 102425. This law lists all the information required to be on the California birth certificate. This law also makes all medical information confidential.

What is the birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor, and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm babies, maternal deaths, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC (Women Infants Children), etc.

What birth certificate information is confidential on the birth certificate?

All medical information is considered confidential and not released to the public. This includes the parents' race, education, occupation, social security number(s), and address. The only persons that may access the confidential information are the California Department of Public Health, local county health department, persons with a valid scientific interest as determined by the State Registrar and Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, and the child named on the birth certificate. Reference H&SC 102430.

What if the parent does not want to provide the information?

All information is required by law with the exception of the parents' race, occupation, education, and social security number(s). Although not required, race, occupation, and education are very important for understanding and eliminating negative outcomes and developing needed programs.

Who collects the birth certificate information?

The birth certificate information is collected by the birth clerk and it is sent to the local county health department who forwards it to the California Department of Public Health - Vital Records.

Who should I contact if I still have questions?

Please contact the California Department of Public Health - Vital Records at (916) 445-8494.

CERTIFICATE OF LIVE BIRTH WORKSHEET

PLEASE COMPLETE THIS INFORMATION TO PREPARE
YOUR CHILD'S BIRTH CERTIFICATE

FOR HOSPITAL USE ONLY:

ROOM: _____ MR: _____
DELIVERY DR: _____
CLERK INITIAL: _____
DATE GIVEN TO PARENT(S): _____
DATE COMPLETED: _____

NAME OF CHILD:

FIRST: _____ MIDDLE: _____

LAST: _____

SEX: MALE ___ FEMALE ___ UNK ___ WAS THIS BIRTH: SINGLE ___ TWIN ___ TRIPLET ___ QUAD ___ OTHER ___

IF MULTIPLE, THIS CHILD: 1ST ___ 2ND ___ 3RD ___ 4TH ___ OTHER ___ (CHECK APPROPRIATE ENTRY)

CHILD'S DATE OF BIRTH: _____ TIME OF BIRTH: _____

ARE THE PARENTS MARRIED AND/OR IN A STATE REGISTERED PARTNERSHIP (SRDP)? YES ___ NO ___

IF THE PARENTS ARE NOT MARRIED OR IN A SRDP, THEN THE BIOLOGICAL PARENTS MUST SIGN PATERNITY PAPERS TO ADD THE PARENT'S NAME TO THE CHILD'S BIRTH CERTIFICATE. REFERENCE HEALTH AND SAFETY CODE SECTION 102425(a)(4).

BIRTH NAME OF PARENT NOT GIVING BIRTH (FIELDS 6A, 6B, 6C, ON CHILD'S BIRTH CERTIFICATE):

FIRST: _____ MIDDLE: _____

LAST: _____ SSN: _____

RELATIONSHIP TO CHILD: MOTHER FATHER PARENT NOT SPECIFIED

BIRTHPLACE: _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

BIRTH NAME OF PARENT GIVING BIRTH (FIELDS 9A, 9B, 9C, ON CHILD'S BIRTH CERTIFICATE), UNLESS COURT ORDER IS PRESENTED:

FIRST: _____ MIDDLE: _____

LAST: _____ SSN: _____

RELATIONSHIP TO CHILD: MOTHER FATHER PARENT NOT SPECIFIED

BIRTHPLACE: _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

GENETIC FATHER INFORMATION (MALE GENETIC CONTRIBUTOR FOR THE CREATION OF THE BABY THROUGH SPERM DONATION OR SEXUAL INTERCOURSE):

IF HISPANIC, SPECIFY ORIGIN: _____

RACE: _____ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED ___ (0-11TH GRADE); 12TH GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): _____

USUAL OCCUPATION: _____
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: _____

GENETIC MOTHER INFORMATION (PERSON THAT SUPPLIED EGG RESULTING IN AN EMBRYO):

IF HISPANIC, SPECIFY ORIGIN: _____

RACE: _____ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED ____ (0-11TH GRADE);
12TH GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS
DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): _____

USUAL OCCUPATION: _____
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: _____

BIRTH PARENT'S RESIDENCE ADDRESS (REQUIRED): _____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE **NOT** ACCEPTABLE.)

MAILING ADDRESS (IF DIFFERENT): _____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE ACCEPTABLE.)

DID BIRTH PARENT RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM FOOD DURING PREGNANCY?

YES NO UNKNOWN

**DID THE BIRTH PARENT SMOKE BEFORE OR DURING THE PREGNANCY? ENTER NUMBER OF CIGARETTES
SMOKED PER DAY AS FOLLOWS:**

DURING THE THREE MONTHS PRIOR TO BECOMING PREGNANT: _____
DURING THE FIRST THREE MONTHS OF PREGNANCY: _____
DURING THE SECOND THREE MONTHS OF PREGNANCY: _____
DURING THE LAST THREE MONTHS OF PREGNANCY: _____

BIRTH PARENT'S: PRE PREGNANCY WEIGHT: _____ WEIGHT AT DELIVERY: _____ HEIGHT: _____

APGAR (1): _____ **APGAR (5):** _____ **APGAR (10):** _____

DATE OF LAST NORMAL MENSES: _____ **ESTIMATED CONFINEMENT DATE:** _____
(ESTIMATED DUE DATE AS PROVIDED BY DR)

DATE OF FIRST PRENATAL CARE VISIT: _____

PREGNANCY MONTH PRENATAL CARE BEGAN: _____ **DATE OF LAST PRENATAL CARE VISIT:** _____
(e.g., 1ST, 2ND, 3RD, etc.) (DO NOT ENTER DELIVERY DATE)

NUMBER OF PRENATAL VISITS: _____ (IF UNSURE, ESTIMATE. DO NOT INCLUDE NON-PREGNANCY RELATED VISITS TO ER; VISIT
TO CONFIRM PREGNANCY; NUTRITIONIST; DIETITIAN; HEALTH EDUCATOR, ETC. NORMAL PRENATAL VISITS ARE APPROXIMATELY 16.)

SOURCE OF PAYMENT FOR PRENATAL CARE: _____ **EXPECTED SOURCE OF PAYMENT FOR DELIVERY:** _____

BIRTHWEIGHT IN GRAMS: _____ **OBSTETRIC ESTIMATE OF GESTATION:** _____ (COMPLETED WEEKS)

HEARING RESULTS:
PASS BOTH: _____ REFER ONE: _____ REFER BOTH: _____ RESULTS PENDING: _____

NUMBER OF PREVIOUS LIVE BIRTHS: _____ **NUMBER OF LIVE BIRTHS NOW DEAD:** _____

DATE OF LAST LIVE BIRTH: _____ (DO NOT COUNT THIS CHILD)

NUMBER OF MISCARRIAGES BEFORE 20 WEEKS: _____ **AFTER 20 WEEKS:** _____ (DO NOT COUNT ABORTIONS)

DATE OF LAST MISCARRIAGE: _____ **METHOD OF DELIVERY:** _____

REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH CERTIFICATE PROCESS

NOTICE TO PARENTS: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

If you choose to participate in this program, and the parent(s) Social Security Number(s) are provided on the birth certificate, the parents(s) Social Security Number(s) will be disclosed to the Internal Revenue Service. The Social Security Number(s) will be used by the Internal Revenue Service solely for the purpose of tax benefits based on support or residence of a child, pursuant to 42 USC 405 (c)(2) as amended by Section 1090(b) of Public Law 105-34. For further information about this program, please contact the Social Security Administration at (800) 772-1213.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the web site at www.cdph.ca.gov.

NEWBORN AUTOMATIC NUMBER ASSIGNMENT (NANA)

Baby's Name as Reported on Birth Certificate:

(A SOCIAL SECURITY NUMBER CANNOT BE ISSUED FOR A CHILD THAT HAS NOT BEEN NAMED.)

1. Do you want a Social Security number for your new baby?
 Yes No
2. May the Social Security Administration share it with the California Department of Public Health?
 Yes No

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, or sex of infant. All other amendments to the birth certificate are the responsibility of the parent.

Parent's Signature

Date

Parent's Name (Please print)

Medical Record Number

This form should be completed and signed by the child's parent(s). After coding Box F on the birth certificate, retain this form with the birth parent's medical records.

HOSPITAL USE ONLY**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET
VS 10A (Rev. 1/2006)**

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
Item 29D. (Fetal Death) (Enter only 1 code)

02 Medi-Cal, without CPSP Support Services	07 Private Insurance Company	99 Unknown
13 Medi-Cal, with CPSP Support Services	09 Self Pay	00 No Prenatal Care
05 Other Government Programs (Federal, State, Local)	14 Other	

Item 28A. (Birth) METHOD OF DELIVERY
Item 32A (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)

A. Final delivery route

01 Cesarean—primary
11 Cesarean—primary, with trial of labor attempted
21 Cesarean—primary, with vacuum
31 Cesarean—primary, with vacuum & trial of labor attempted
02 Cesarean—repeat
12 Cesarean—repeat, with trial of labor attempted
22 Cesarean—repeat, with vacuum
32 Cesarean—repeat, with vacuum & trial of labor attempted
03 Vaginal—spontaneous
04 Vaginal—spontaneous, after previous Cesarean
05 Vaginal—forceps
15 Vaginal—forceps, after previous Cesarean
06 Vaginal—vacuum
16 Vaginal—vacuum, after previous Cesarean
88 Not Delivered (Fetal Death Only)

B. If mother had a previous Cesarean—How many? _____
(Enter 0 – 9, or U if Unknown)

C. Fetal presentation at birth

20 Cephalic fetal presentation at delivery
30 Breech fetal presentation at delivery
40 Other fetal presentation at delivery
90 Unknown

D. Was vaginal delivery with forceps attempted, but unsuccessful?

50 Yes 58 No 59 Unknown

E. Was vaginal delivery with vacuum attempted, but unsuccessful?

60 Yes 68 No 69 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)

70 Yes 78 No

Item 28B. (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY
Item 32B (Fetal Death) (Enter only 1 code)

02 Medi-Cal	05 Other Government Programs (Federal, State, Local)	14 Other
15 Indian Health Service	07 Private Insurance	99 Unknown
16 CHAMPUS/TRICARE	09 Self Pay	00 Medically Unattended Birth

Item 29. (Birth) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES
Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

DIABETES

09 Prepregnancy (Diagnosis prior to this pregnancy)
31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION

03 Prepregnancy (Chronic)
01 Gestational (PIH, Preeclampsia)
02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES

32 Large fibroids
33 Asthma
34 Multiple pregnancy (more than 1 fetus this pregnancy)
35 Intrauterine growth restricted birth this pregnancy
23 Previous preterm birth (<37 weeks gestation)
36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

24 Cervical cerclage
28 Tocolysis
37 External cephalic version—Successful
38 External cephalic version—Failed
39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

42 Chlamydia
43 Gonorrhea
44 Group B streptococcus
18 Hepatitis B (acute infection or carrier)
45 Hepatitis C
16 Herpes simplex virus (HSV)
46 Syphilis
47 Cytomegalovirus (Fetal Death Only)
48 Listeria (Fetal Death Only)
49 Parvovirus (Fetal Death Only)
50 Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

51 Chlamydia
52 Gonorrhea
53 Group B streptococcal infection
54 Hepatitis B
55 Human immunodeficiency virus (offered)
56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

00 None
30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

**Do not enter any identification by patient name or number on this worksheet. Discard after use.
Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."**

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)

Item 30 (Birth)

Item 34 (Fetal Death)

COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY

(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)

ONSET OF LABOR

- 10 Premature rupture of membranes (< 12 hours)
- 07 Precipitous labor (< 3 hours)
- 08 Prolonged labor (> 20 hours)

CHARACTERISTICS OF LABOR AND DELIVERY

- 11 Induction of labor
- 12 Augmentation of labor
- 32 Non-vertex presentation
- 33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- 34 Antibiotics received by the mother during labor
- 35 Clinical chorioamnionitis diagnosed during labor or maternal temperature > 38°C / > 100.4°F
- 19 Moderate/heavy meconium staining of the amniotic fluid
- 36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- 37 Epidural or spinal anesthesia during labor
- 25 Mother transferred for delivery from another facility for maternal medical or fetal indications

COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES

- 38 Rupture of membranes prior to onset of labor
- 13 Abruptio placenta
- 39 Placental insufficiency
- 20 Prolapsed cord
- 17 Chorioamnionitis

MATERNAL MORBIDITY

- 24 Maternal blood transfusion
- 40 Third or fourth degree perineal laceration
- 41 Ruptured uterus
- 42 Unplanned hysterectomy
- 43 Admission to ICU
- 44 Unplanned operating room procedure following delivery

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

- 00 None
- 31 Other Labor/Delivery Complications/Procedures not Listed

Item 31 (Birth)

Item 35 (Fetal Death)

ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN

ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS

(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)

CONGENITAL ANOMALIES (NEWBORN OR FETUS)

- 01 Anencephaly
- 02 Meningocele/Spina bifida
- 76 Cyanotic congenital heart disease
- 77 Congenital diaphragmatic hernia
- 78 Omphalocele
- 79 Gastroschisis
- 80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- 28 Cleft palate alone
- 29 Cleft lip alone
- 30 Cleft palate with cleft lip
- 57 Down's Syndrome—Karyotype confirmed
- 81 Down's Syndrome—Karyotype pending
- 82 Suspected chromosomal disorder—Karyotype confirmed
- 83 Suspected chromosomal disorder—Karyotype pending
- 35 Hypospadias
- 88 Aortic stenosis
- 89 Pulmonary stenosis
- 90 Atresia
- 62 Additional and unspecified congenital anomalies not listed above

ABNORMAL CONDITIONS (NEWBORN OR FETUS)

- 66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)

ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)

- 71 Assisted ventilation required immediately following delivery
- 85 Assisted ventilation required for more than 6 hours
- 73 NICU admission
- 86 Newborn given surfactant replacement therapy
- 87 Antibiotics received by the newborn for suspected neonatal sepsis
- 70 Seizure or serious neurological dysfunction
- 74 Newborn transferred to another facility within 24 hours of delivery

NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED

- 00 None (Newborn or Fetus)
- 75 Other Conditions/Procedures not Listed (Newborn Only)
- 67 Other Conditions/Procedures not Listed (Fetal Death Only)

2015 Timeliness Report

LOCAL REGISTRATION DISTRICT	RANKING STATEWIDE	WITHIN 1-10 DAYS (NUMBER)	WITHIN 1-10 DAYS (PERCENT)	WITHIN 11-20 DAYS (NUMBER)	WITHIN 21-30 DAYS (NUMBER)	WITHIN 31+ DAYS (NUMBER)	TOTAL
TRINITY (53)	1	1	100.00%				1
SUTTER (51)	2	1920	99.48%	10			1930
KINGS (16)	3	2379	99.33%	14		2	2395
IMPERIAL (13)	4	3029	99.31%	21			3050
COLUSA (06)	5	150	98.68%	2			152
LONG BEACH CITY (62)	6	8493	96.12%	296	29	18	8836
MADERA (20)	7	938	95.52%	42		2	982
SAN DIEGO (37)	8	43599	95.47%	1621	296	154	45670
YOLO (57)	9	1929	94.88%	91	10	3	2033
STANISLAUS (50)	10	9540	94.87%	496	18	2	10056
RIVERSIDE (33)	11	23361	94.71%	1154	111	41	24667
SANTA BARBARA (42)	12	5385	93.96%	313	25	8	5731
LASSEN (18)	13	215	93.07%	15	1		231
DEL NORTE (08)	14	268	93.06%	17	1	2	288
SAN BERNARDINO (36)	15	25063	92.43%	1858	107	87	27115
ALAMEDA (01)	16	11638	92.25%	773	83	122	12616
VENTURA (56)	17	8453	91.82%	734	18	1	9206
MONO (26)	18	100	91.74%	7	1	1	109
SANTA CLARA (43)	19	24650	91.39%	2271	35	17	26973
CONTRA COSTA (07)	20	10628	90.36%	1071	43	20	11762
INYO (14)	21	185	88.10%	25			210
SONOMA (49)	22	4470	87.87%	533	47	37	5087
MONTEREY (27)	23	5087	86.18%	766	40	10	5903
AMADOR (03)	24	250	84.18%	44	3		297

2015 Timeliness Report

LOCAL REGISTRATION DISTRICT	RANKING STATEWIDE	WITHIN 1-10 DAYS (NUMBER)	WITHIN 1-10 DAYS (PERCENT)	WITHIN 11-20 DAYS (NUMBER)	WITHIN 21-30 DAYS (NUMBER)	WITHIN 31+ DAYS (NUMBER)	TOTAL
BERKELEY CITY (61)	25	5001	83.52%	982	3	2	5988
SHASTA (45)	26	1730	82.46%	362	6		2098
LOS ANGELES (19)	27	95563	81.17%	20540	1294	332	117729
SAN MATEO (41)	28	4697	80.97%	1079	18	7	5801
TULARE (54)	29	5499	80.77%	1275	21	13	6808
SAN FRANCISCO (38)	30	9636	79.74%	2046	289	113	12084
SOLANO (48)	31	3934	78.62%	1041	17	12	5004
EL DORADO (09)	32	666	78.26%	161	13	11	851
SAN LUIS OBISPO (40)	33	1894	75.85%	564	14	25	2497
SACRAMENTO (34)	34	12560	75.64%	3331	415	298	16604
PLACER (31)	35	6322	75.18%	1961	105	21	8409
TEHAMA (52)	36	433	73.89%	147	5	1	586
BUTTE (04)	37	2122	73.58%	720	42		2884
NEVADA (29)	38	641	72.43%	231	10	3	885
ORANGE (30)	39	28768	71.12%	11067	550	66	40451
FRESNO (10)	40	11318	67.48%	4899	392	163	16772
KERN (15)	41	8662	66.70%	3750	462	112	12986
PLUMAS (32)	42	45	65.22%	17	4	3	69
TUOLUMNE (55)	43	358	64.62%	180	12	4	554
MERCED (24)	44	2151	63.64%	1127	89	13	3380
MENDOCINO (23)	45	531	54.46%	296	106	42	975
SISKIYOU (47)	46	181	51.27%	164	8		353
SAN JOAQUIN (39)	47	3535	45.57%	3971	204	48	7758
SANTA CRUZ (44)	48	1337	44.73%	1454	172	26	2989

2015 Timeliness Report

LOCAL REGISTRATION DISTRICT	RANKING STATEWIDE	WITHIN 1-10 DAYS (NUMBER)	WITHIN 1-10 DAYS (PERCENT)	WITHIN 11-20 DAYS (NUMBER)	WITHIN 21-30 DAYS (NUMBER)	WITHIN 31+ DAYS (NUMBER)	TOTAL
HUMBOLDT (12)	49	621	43.76%	616	116	66	1419
PASADENA CITY (63)	50	1311	39.75%	1957	25	5	3298
MARIN (21)	51	466	35.49%	614	167	66	1313
NAPA (28)	52	325	32.40%	635	36	7	1003
SAN BENITO (35)	53	105	23.08%	240	91	19	455
LAKE (17)	54	43	9.33%	265	105	48	461
MARIPOSA (22)	N/A			1			1
TOTAL		402186	82.45%	77867	5659	2053	487765
RUN DATE: 2/18/16							

Hospital Timeliness Awards

ALAMEDA COUNTY

EDEN MEDICAL CENTER
KAISER SAN LEANDRO MEDICAL CENTER
ST. ROSE HOSPITAL

COLUSA COUNTY

COLUSA REGIONAL MEDICAL CENTER

CONTRA COSTA COUNTY

KAISER ANTIOCH MEDICAL CENTER

EL DORADO COUNTY

BARTON MEMORIAL HOSPITAL

FRESNO COUNTY

CLOVIS COMMUNITY HOSPITAL
COMMUNITY REGIONAL MEDICAL CENTER
ST. AGNES HOSPITAL

IMPERIAL COUNTY

EL CENTRO REGIONAL MEDICAL CENTER
PIONEERS MEMORIAL HOSPITAL

INYO COUNTY

NORTHERN INYO HOSPITAL

KERN COUNTY

KERN MEDICAL CENTER

KINGS COUNTY

ADVENTIST MEDICAL CENTER

Hospital Timeliness Awards

LOS ANGELES COUNTY

BEVERLY HOSPITAL
CEDARS SINAI MEDICAL CENTER
GARFIELD MEDICAL CENTER
GLENDALE ADVENTIST MEDICAL CENTER
HARBOR-UCLA MEDICAL CENTER
HENRY MAYO NEWHALL HOSPITAL
KAISER BALDWIN PARK MEDICAL CENTER
KAISER DOWNEY MEDICAL CENTER
KAISER LOS ANGELES MEDICAL CENTER
KAISER WOODLAND HILLS MEDICAL CENTER
MEMORIAL HOSPITAL OF GARDENA
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
MONTEREY PARK HOSPITAL
PACIFICA HOSPITAL OF THE VALLEY

PIH HEALTH HOSPITAL DOWNEY
PIH HEALTH HOSPITAL WHITTIER
PROVIDENCE LITTLE COMPANY OF MARY
SAN PEDRO
RONALD REAGAN UCLA MEDICAL CENTER
SAN DIMAS COMMUNITY HOSPITAL
SAN GABRIEL VALLEY MEDICAL CENTER
USC VERDUGO HILLS HOSPITAL
VALLEY PRESBYTERIAN HOSPITAL
WHITE MEMORIAL MEDICAL CENTER

MONO COUNTY

MAMMOTH HOSPITAL

MONTEREY COUNTY

NATIVIDAD MEDICAL CENTER
SALINAS VALLEY MEMORIAL HOSPITAL

Hospital Timeliness Awards

ORANGE COUNTY

ANAHEIM GLOBAL MEDICAL CENTER
ANAHEIM REGIONAL MEDICAL CENTER
FOUNTAIN VALLEY REGIONAL HOSPITAL
GARDEN GROVE HOSPITAL
HOAG MEMORIAL HOSPITAL
KAISER ANAHEIM MEDICAL CENTER
KAISER IRVINE MEDICAL CENTER
LA PALMA INTERCOMMUNITY HOSPITAL
LOS ALAMITOS MEDICAL CENTER
ORANGE COAST MEMORIAL MEDICAL CENTER
SADDLEBACK MEMORIAL MEDICAL CENTER
SOUTH COAST GLOBAL MEDICAL CENTER
ST. JOSEPH HOSPITAL
ST. JUDE MEDICAL CENTER
UC IRVINE MEDICAL CENTER

RIVERSIDE COUNTY

CORONA REGIONAL MEDICAL CENTER
DESERT REGIONAL MEDICAL CENTER
HEMET VALLEY MEDICAL CENTER
INLAND VALLEY REGIONAL MEDICAL CENTER
JOHN F. KENNEDY MEMORIAL HOSPITAL
KAISER MORENO VALLEY MEDICAL CENTER
PARKVIEW COMMUNITY HOSPITAL
RANCHO SPRINGS MEDICAL CENTER
RIVERSIDE COMMUNITY HOSPITAL
RIVERSIDE UNIVERSITY HEALTH SYSTEM MEDICAL CENTER
SAN GORGONIO MEMORIAL HOSPITAL

Hospital Timeliness Awards

SACRAMENTO COUNTY

MERCY HOSPITAL OF FOLSOM
UC DAVIS MEDICAL CENTER

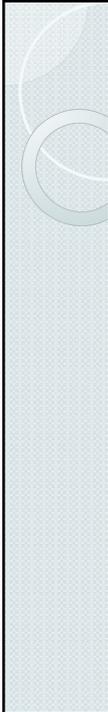
ST. MARY REGIONAL MEDICAL CENTER
VICTOR VALLEY GLOBAL MEDICAL CENTER
WEED ARMY COMMUNITY HOSPITAL

SAN BERNARDINO COUNTY

ARROWHEAD REGIONAL MEDICAL CENTER
BARSTOW COMMUNITY HOSPITAL
DESERT VALLEY HOSPITAL
HI-DESERT MEDICAL CENTER
KAISER FONTANA MEDICAL CENTER
KAISER ONTARIO MEDICAL CENTER
LOMA LINDA UNIVERSITY MEDICAL CENTER
MONTCLAIR HOSPITAL MEDICAL CENTER
REDLANDS COMMUNITY HOSPITAL
SAN ANTONIO REGIONAL HOSPITAL
ST. BERNARDINE MEDICAL CENTER

SAN DIEGO COUNTY

GROSSMONT HOSPITAL
KAISER PERMANENTE ZION MEDICAL CENTER
PALOMAR MEDICAL CENTER
POMERADO HOSPITAL
SCRIPPS MEMORIAL HOSPITAL LA JOLLA
SCRIPPS MEMORIAL HOSPITAL ENCINITAS
SHARP CHULA VISTA MEDICAL CENTER
SHARY MARY BIRCH HOSPITAL
SHARP MEMORIAL HOSPITAL
TRI-CITY MEDICAL CENTER
UC SAN DIEGO MEDICAL CENTER



Hospital Timeliness Awards

SANTA BARBARA COUNTY

MARIAN REGIONAL MEDICAL CENTER

SANTA CLARA COUNTY

EL CAMINO HOSPITAL

KAISER SAN JOSE MEDICAL CENTER

KAISER SANTA CLARA MEDICAL CENTER

O'CONNOR HOSPITAL

REGIONAL MEDICAL CENTER OF SAN JOSE

SOLANO COUNTY

KAISER VALLEJO MEDICAL CENTER

SONOMA COUNTY

HEALDSBURG GENERAL HOSPITAL

KAISER SANTA ROSA MEDICAL CENTER

PETALUMA VALLEY HOSPITAL

SUTTER SANTA ROSA REGIONAL HOSPITAL

VENTURA COUNTY

LOS ROBLES HOSPITAL AND MEDICAL
CENTER

VENTURA COUNTY MEDICAL CENTER

PASADENA CITY

HUNTINGTON MEMORIAL HOSPITAL

**CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY**

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST		1B. MIDDLE	1C. LAST	
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	5C. CITY		5D. COUNTY		
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST	6D. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	7. BIRTHPLACE - STATE/ COUNTRY
NAME OF PARENT	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	10. BIRTHPLACE - STATE/ COUNTRY
NAME OF PARENT	NAME OF PARENT - FIRST	MIDDLE	LAST	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	BIRTHPLACE - STATE/ COUNTRY
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY

VS 10M (REV. 1/16)

Assembly Bill 1403 (Chapter 510, Statutes of 2013) and Senate Bill 274 (Chapter 564, Statutes of 2013)

Frequently Used Information

Customer Service

Customer Service Line (916) 445-2684
 CDPH-VR Email VRmail@cdph.ca.gov
 Stockroom (for county use only) (916) 552-8142

Birth Registration Issues

AVSS (Automated Vital Statistics System) (916) 449-5174
 (805) 893-3214
 AVSS State Help Desk (SSN status checks) (916) 552-8222
 Birth Amendment Status Checks (916) 552-0513
 Birth Registration Questions (916) 445-8494
 Data Requests for Vital Records (county and researchers) (916) 552-8095
 Out-of-Hospital Births (916) 445-8494

Death Registration Issues

Application and Permit for Disposition of Human Remains (916) 552-8123
 Data Requests for Vital Records (county and researchers) (916) 552-8095
 Death Amendments:
 Event date prior to 2005 (916) 552-8192
 Event date 2005 to current (916) 552-8123
 Death Registration Questions (916) 552-8123
 EDRS (Electronic Death Registration System) Help Desk (916) 552-8123
 EDRS Email EDRSHelp@cdph.ca.gov
 End of Life Option Act EOLInfo@cdph.ca.gov
 Fetal Death Amendments and Registration (916) 552-8123

Marriage Registration Issues

Marriage Amendment Status Checks (916) 552-0513
 Marriage Registration Questions (916) 445-8494

Issuance and Certified Copies:

Certified Copy Status Checks (916) 552-0517
 Certified Copy and Policy Issues (916) 552-8116
 Fee Schedule (916) 552-8133
 (916) 552-8135
 Local Office Copies (LOCs) (916) 552-8168
 Sworn Statements (916) 552-8116
 Vital and Health Statistics Trust Fund Report (916) 552-8133
 VRIRSA (Vital Records Image Redaction and Statewide Access) (916) 322-2306
 VRIRSA Email VRIRSAsupport@cdph.ca.gov

Websites

Center for Health Statistics and Informatics:

<http://www.cdph.ca.gov/programs/HISP/>

Birth, Death and Marriage Certificates:

<http://www.cdph.ca.gov/certlic/birthdeathmar/>

AVSS Web Page:

www.avss.org

Mailing Address

California Department of Public Health
 Vital Records – MS 5103
 P.O. Box 997410
 Sacramento, CA 95899-7410

Health Information and Research:

<http://www.cdph.ca.gov/programs/ohir/>

CA-EDRS:

<http://www.edrs.us>

INFORMATIONAL PAMPHLETS AVAILABLE ONLINE

The California Department of Public Health Vital Records has informational pamphlets that may be accessed in Adobe PDF format at the following website:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx>

The following pamphlets may be downloaded and reproduced:

<u>Pamphlets</u>	<u>Revision Date</u>
Acknowledgement of Paternity/Parentage	January 2016
Adjudication of Facts of Parentage	January 2016
Affidavit to Amend a Birth Record	January 2016
Affidavit to Amend a Death Record	January 2016
Affidavit to Amend a Marriage Record	January 2016
Correcting Gender Errors on Birth Certificates	January 2016
Court Order Delayed Certificate of Marriage	January 2016
Court Order Delayed Registration of Birth	January 2016
Court Order Delayed Registration of Death	January 2015
Court Order Delayed Registration of Fetal Death	January 2015
Court Order Name Change	January 2016
Delayed Registration of Birth	January 2016
How to Register an Out-of-Hospital Birth	January 2016
How to Obtain Certified Copies of Birth Records	January 2015
How to Obtain Certified Copies of Death Records	August 2015
How to Obtain Certified Copies of Divorce Records	January 2014
How to Obtain Certified Copies of Marriage Records	January 2015
How to Obtain Certified Copies of Still Birth and Fetal Death Records	January 2014
Obtaining a New Birth Certificate After Gender Reassignment	January 2016
Supplemental Name Report	January 2016
The Adoption Process	January 2016
The Name Equality Act of 2007	January 2013

California Department of Public Health Vital Records Estimated Processing Times

July 1, 2016

(Processing Times May Change Based on Workload)

CERTIFIED COPIES

Birth Certificate From 1965 to Present	15 Business Days (but CAN take longer)
Birth Certificate From 1905 thru 1964.	15 Business Days (but CAN take longer)
Death Certificate From 1993 to Present.	15 Business Days (but CAN take longer)
Death Certificate From 1905 thru 1992	15 Business Days (but CAN take longer)
Fetal Death and Still Birth Certificate From 1996 to Present	15 Business Days (but CAN take longer)
Fetal Death and Still Birth Certificate From 1905 thru 1995	15 Business Days (but CAN take longer)
Confidential Marriage Certificate	Go to County Clerk (County of Issuance)
Public Marriage Certificate:	
1998 thru 1999	4 Weeks (but CAN take longer)
2010 – Present	4 Weeks (but CAN take longer)

All Other Years: Due to increased requests for birth and death records, refer these requesters to the County Recorder in the county where the license was issued. If they've exhausted all efforts to identify the county but can't, we'll accept:

1949 thru 1986	Can Exceed 6 Months *
1905 thru 1948	} No Index – Must Go to County Recorder in County Where License Was Issued
1987 thru 1997	
2000 thru 2009	

* Increased requests for birth certificates for proof of identity have resulted in lengthy delays for marriage and divorce records.

Divorce (Certificate of Record – this is **not** a copy of the divorce decree)

County Unknown: 1962 thru June 1984	Can Exceed 6 Months *
All Other Years	No Index - Find a Way to ID the County, and Go to Superior Court
County Known: All Years	Go to County Superior Court

AMENDMENTS & DELAYED REGISTRATIONS

Delayed Registration

3 to 4 Weeks

Amendment

Death	3 to 4 Weeks
Marriage	3 to 4 Weeks
Birth	3 to 4 Weeks
Gender Reassignment	3 to 4 Weeks
Adoption	3 to 4 Weeks
Court Order Name Change.	3 to 4 Weeks
Paternity & Adjudication	3 to 4 Weeks

Vital Records Fees

Type	New Fee (01/01/2014)
Certified Copy Birth Certificate	\$25.00
Certified Copy Death Certificate	\$21.00
Certified Copy Marriage Certificate	\$15.00
Certified Copy Fetal Death Certificate	\$18.00
Amendment	\$23.00
Certified Copy Still Birth Certificate (for parents only)	\$24.00
Certificate of Record for Dissolution	\$14.00

** Please note: There is no fee to amend a birth, death, fetal death or marriage record within the first year of the event. However, to obtain a certified copy of the amended record, a notarized sworn statement and certified copy fee must be submitted.*

How to Ask Questions During the Webinar

- All lines will be in listen only mode.
- Once the presenter has activated the Question and Answer session, you may ask questions by pressing “10” on your telephone. Once you press “10” you will hear automated instructions for a few seconds instead of the teleconference.
- While you wait in line to ask your question, the webinar live audio will resume. When it is your turn to ask a question you will hear a prompt from the automated system instead of the teleconference, and then you will be live on speaker to ask your question interactively.
- Questions will be answered in the order received.
- To cancel your question, press “10” again.
- As the presenter moves from question to question, there may be noticeable gaps in live audio while the system privately prompts the next question in line. This is normal and live audio will resume after a moment.