



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

**PARENT REQUEST TO HAVE
NEWBORN BLOOD SPECIMEN CARD DESTROYED**

(If mother is unable to sign, please enclose child's state-issued birth certificate)

Parent(s) Making the Request:

Mother's First & Last Name: _____

Mother's Maiden Name: _____

Mother's e-mail address: _____

Father's First & Last Name: _____

Father's e-mail address: _____

Child Information:

Newborn First & Last Name: _____

Date of Birth: (mm/dd/yyyy) ____ / ____ / ____

Hospital of Birth: _____

Address of child at time of birth: _____

Current mailing address: _____ **Phone:** () _____ - _____
(if different from above) _____

Signature Mother Printed Name Date

Signature Father Printed Name Date

(Parent or Legal Guardian should sign only if request is for a minor under 18 years of age)

I understand that any person who requests or obtains any record containing personal information from the California Department of Public Health under false pretenses will be guilty of a misdemeanor and fined up to \$5,000 or imprisoned up to one year or both.

Mail completed form to: Robin Cooley, MSC
California Biobank Program Coordinator
California Department of Public Health-GDSP
850 Marina Bay Pkwy., F175
Richmond, CA 94804
e-mail: robin.cooley@cdph.ca.gov