# SUPPLEMENTAL NAME REPORT – BIRTH

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

LOCAL REGISTRATION NUMBER

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES A PART OF THE OFFICIAL BIRTH RECORD**

| FULL NAME OF CHILD | 1A. NAME OF CHILD—FIRST | 1B. MIDDLE | 1C. LAST (BIRTH) |
|---|---|---|---|

## PART I ADDITIONAL INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD

| 2. SEX | 3A. THIS BIRTH SINGLE, TWIN, ETC | 3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC |
|---|---|---|

| 4A. DATE OF BIRTH—MM/DD/CCYY | 4B. HOUR (24 HOUR CLOCK TIME) |
|---|---|
| 5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY | 5B. ADDRESS—STREET and NUMBER, OR LOCATION |

| 6A. FULL NAME OF PARENT—FIRST | 6B. MIDDLE | 6C. LAST (BIRTH) | 6D.RELATIONSHIP ☐ MOTHER ☐ FATHER ☐ PARENT |
|---|---|---|---|
| 7A. FULL NAME OF PARENT—FIRST | 7B. MIDDLE | 7C. LAST (BIRTH) | 7D.RELATIONSHIP ☐ MOTHER ☐ FATHER ☐ PARENT |

## PART II AFFIDAVITS AND SIGNATURES

AFFIDAVITS AND SIGNATURES OF PARENT(S)

AT LEAST ONE PARENT MUST SIGN

**I/WE, THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE CHILD GIVEN ABOVE IS TRUE AND CORRECT.**

| 8A. SIGNATURE OF PARENT ▶ | | 8B. DATE SIGNED—MM/DD/CCYY | |
|---|---|---|---|
| 8C. ADDRESS—STREET and NUMBER | 8D. CITY | 8E. STATE | 8F. ZIP CODE |
| 9A. SIGNATURE OF PARENT ▶ | | 9B. DATE SIGNED—MM/DD/CCYY | |
| 9C. ADDRESS—STREET and NUMBER | 9D. CITY | 9E. STATE | 9F. ZIP CODE |

IF ONLY ONE PARENT IS AVAILABLE TO SIGN, ONE OTHER PERSON HAVING KNOWLEDGE OF THE FACTS MUST ALSO SIGN

**I, THE UNDERSIGNED, HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.**

| 10. SIGNATURE OF PERSON HAVING KNOWLEDGE OF THE FACTS ▶ | 11. PRINTED NAME | 12. DATE SIGNED—MM/DD/CCYY |
|---|---|---|
| 13. RELATIONSHIP TO PERSON IN PART I | 14. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) | |

| **STATE REGISTRAR USE ONLY** | **15. CDPH - VITAL RECORDS** | **16. DATE ACCEPTED FOR REGISTRATION** |
|---|---|---|

# APPLICATION TO COMPLETE NAME OF CHILD BY SUPPLEMENTAL NAME REPORT – BIRTH

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY**
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

If an *acceptable* application for completing the name of the child is registered within one year of the date of the event, there is no processing fee; however, there is a fee required for each certified copy ordered.

Enclosed is the fee of $_____ for a certified copy of the newly amended record.

If an *acceptable* application for completing the name of the child is registered one year or more after the date of the event, there is a fee for filing the Supplemental Name Report – Birth, which includes one certified copy. There is a fee for each additional certified copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at www.cdph.ca.gov.

Enclosed is the fee of $_____ for filing the Supplemental Name Report – Birth and one certified copy of the newly amended record.

Enclosed is the fee of $_____ for an additional certified copy(ies) of the newly amended record.

_____ _____
Printed Name of Applicant Mailing Address of Applicant

Telephone Number ( ) _____ _____
City, State, ZIP Code

**GENERAL INFORMATION**

1. The original birth certificate cannot be altered.
2. ***The Supplemental Name Report becomes a part of the original birth record, so please type or print clearly in black ink only.***
3. Your certified copy will include a copy of the original certificate with a copy of this form.
4. ***The certified copy of the birth certificate and the Supplemental Name Report – Birth must remain together for the certified copy to be valid.***

## READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

If your child's birth certificate was registered without a first, middle, and/or last name, complete this form to add the names as instructed below:

1. **This form becomes a part of the original birth record – type or print clearly in black ink only.**
2. No erasures, whiteouts, photocopies, or alterations are allowed.
3. Enter the Local Registration Number in the space provided on the upper right-hand corner of this form.
4. Enter the complete name(s) of the child in Items 1A – 1C.
5. Complete Part I, Items 2 – 7, with the information as it appears on the original record.
6. Read the certification statement in Part II before signing below in Items 8A and 9A. If two parents are listed on the child's original birth certificate, both parents should sign this form. If only one parent is available to sign, one other person having personal knowledge of the facts must sign in Item 10.
7. Do not complete Items 15 and 16. This space is reserved for State or Local Registrar Use Only.
8. Make check or money order payable to CDPH - Vital Records. Mail this form with the required fee(s) to:

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