



# Supplemental Name Report – Birth

Center for Health Statistics and Informatics – California Vital Records

Effective January 2022

## Introduction

Use the VS 107 Supplemental Name Report – Birth form to:

- ✓ Add the child’s name to blank fields on the birth certificate



- Please see [page 6](#) for a list of frequently asked questions and answers.
- To **correct errors** on the child’s birth certificate, please refer to the [Affidavit to Amend a Birth Record Pamphlet](#).
- To **change or add to** the first, middle, or last name currently listed for the child, please refer to the [Amending a Birth Certificate After a Court Order Name Change Pamphlet](#).
- To **add, remove, or replace a parent listed on the birth certificate**, please refer to the [Adjudication of Facts of Parentage](#) webpage.
- For other amendment types, please visit the CDPH-VR website at [www.cdph.ca.gov](http://www.cdph.ca.gov).

## What to Submit and Mailing Address

To request an amendment, please submit the following:

- **Properly Completed VS 107 Form** (See *Form Guidelines* beginning on [page 3](#).)
- **Notarized Sworn Statement** (Only if requesting authorized copy. See [page 5](#).)
- **Appropriate Fee(s)** (See *bottom of page 4*.)

Mail your packet to the address below:

**California Department of Public Health  
Vital Records – Amendments – M.S. 5105  
P.O. Box 997410  
Sacramento, CA 95899-7410**



- Amended certificates are returned via standard mail and do not contain a tracking number.
- You may provide a prepaid self-addressed envelope with your request for CDPH-VR to use and mail the amended certificate back to you. (Not Required)



# **VS 107 - Supplemental Name Report Checklist**

To assist in the registration of your amendment, please submit the following:

## **Properly Completed VS 107 Form**

- The form is completed in black ink and does not contain any alterations or writing in the margins.
- The child's full name is listed in items 1A, 1B, and 1C.
- Part I matches the current birth certificate, (even if the information is incorrect).
- Part II was completed by two people with knowledge of the facts.  
***REQUIRED:** At least one of the two signers is a parent of the child.*
- The back of the form (or second page if printed) lists payment information, and the name, phone number, and mailing address of the applicant, (*person submitting the application*).

## **Payment**

### **I am submitting the amendment WITHIN ONE (1) YEAR of child's birth:**

- There is no fee to register the amendment and I do not want a copy of the amended certificate.
- I would like a copy of the amended certificate, and I have enclosed a check/money order (*payable to CDPH Vital Records*) in the amount of twenty-nine dollars (\$29) per copy.

### **I am submitting the amendment ONE (1) YEAR OR MORE AFTER the child's birth:**

- I have enclosed a check/money order (*made payable to CDPH Vital Records*) in the amount of twenty-six dollars (\$26) for the registration of the amendment, which includes one certified copy of the amended certificate.
- I would like additional copies of the amended certificate, and I have enclosed a check/money order (*payable to CDPH Vital Records*) in the amount of twenty-nine dollars (\$29) per additional copy requested.

## **Notarized Sworn Statement**

- I would like an authorized copy of the amended certificate, and I have enclosed a notarized sworn statement.

## **Optional Item**

- Photocopy of child's birth certificate, if available.

For more information visit our website [www.cdph.ca.gov](http://www.cdph.ca.gov).

# Supplemental Name Report – Birth

## Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the *Supplemental Name Report – Birth (VS 107)* form.

### General Information

LEAVE BLANK	<b>SUPPLEMENTAL NAME REPORT – BIRTH</b>	LEAVE BLANK
STATE FILE NUMBER	<b>NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS</b>	LOCAL REGISTRATION NUMBER
TYPE OR PRINT CLEARLY <b>IN BLACK INK ONLY</b> – THIS FORM BECOMES A PART OF THE OFFICIAL BIRTH RECORD		

**The VS 107 form must:**

- Be completed legibly in **black ink** using the 26 alphabetical characters of the English language.
- **Not contain any** write-overs, whiteouts, alterations, drawings, symbols, accents, or other marks to indicate pronunciation or to distinguish letters in some way, such as è, ñ, ē, or ç.

### Full Name of Child

FULL NAME OF CHILD	1A. NAME OF CHILD—FIRST Marie	1B. MIDDLE Nichole	1C. LAST (BIRTH) Brown
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The full name of the child must be listed in fields 1A, 1B, and 1C.

- The first, middle, or last name may only be added to blank fields.
- To change a name currently listed, please review the [Amending a Birth Certificate After a Court Order Name Change Pamphlet](#).

### Part I

PART I ADDITIONAL INFORMATION TO LOCATE RECORD				
INFORMATION AS IT APPEARS ON ORIGINAL RECORD	2. SEX Female	3A. THIS BIRTH SINGLE, TWIN, ETC Single	3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC ---	
	4A. DATE OF BIRTH—MM/DD/CCYY 09/09/2008		4B. HOUR (24 HOUR CLOCK TIME) 1655	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY Kaiser Foundation Hospital		5B. ADDRESS—STREET and NUMBER, OR LOCATION 6600 Bruceville Road	
	6A. FULL NAME OF PARENT—FIRST Samuel	6B. MIDDLE Edward	6C. LAST (BIRTH) Brown	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT—FIRST Cynthia	7B. MIDDLE Marie	7C. LAST (BIRTH) Jones	7D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT

**PART I must match the current certificate. This means:**


- It should show any **incorrect information** as it appears on the current record.
- If any of the information in Part I was **previously amended**, the changes must be reflected in Part I of the VS 107 form.

## Form Guidelines (Continued)

### Part II

PART II AFFIDAVITS AND SIGNATURES				
I/WE, THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE CHILD GIVEN ABOVE IS TRUE AND CORRECT.				
AFFIDAVITS AND SIGNATURES OF PARENT(S)  AT LEAST ONE PARENT MUST SIGN	8A. SIGNATURE OF PARENT ▶ <i>Samuel Brown</i>		8B. DATE SIGNED—MM/DD/CCYY 01/06/2009	
	8C. ADDRESS—STREET and NUMBER 1234 Main Street	8D. CITY Sacramento	8E. STATE CA	8F. ZIP CODE 95817
IF ONLY ONE PARENT IS AVAILABLE TO SIGN, ONE OTHER PERSON HAVING KNOWLEDGE OF THE FACTS MUST ALSO SIGN	9A. SIGNATURE OF PARENT ▶ <i>Cynthia Jones-Brown</i>		9B. DATE SIGNED—MM/DD/CCYY 01/06/2009	
	9C. ADDRESS—STREET and NUMBER 1234 Main Street	9D. CITY Sacramento	9E. STATE CA	9F. ZIP CODE 95817
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)		

**PART II must be completed by two persons, one of which must be a parent.**



- Only a parent listed on the child's birth certificate can fill out the parent's affidavit and signature section (fields 8 and 9).
- If one of the parents is unavailable to sign, a person with knowledge of the facts must complete the additional signature section (fields 10-14).
- If both parents are unavailable to sign, two persons with knowledge of the facts may complete the [Affidavit to Amend a Record](#) process.

*End of Form Guidelines section.*

## Appropriate Fee(s)

### If Amending the Birth Record Within One (1) Year of Date of Birth:

- There is no fee to register the amendment, however a certified copy of the certificate will not be issued.
- The fee for each certified copy of the amended record is twenty-nine dollars (\$29). There is no fee to register the amendment, but you must pay a fee to receive a certified copy of the amended record.
- Checks or Money Orders must be made payable to *CDPH Vital Records*.

### If Amending the Birth Record One (1) Year or More From Date of Birth:

- There is a twenty-six dollar (\$26) registration fee, which includes one (1) certified copy of the amended certificate.
- Additional certified copies are twenty-nine dollars (\$29) each.
- Checks or Money Orders must be made payable to *CDPH Vital Records*.

## Notarized Sworn Statement

An authorized person must submit a notarized [sworn statement](#) to receive a certified authorized copy of the amended certificate. Please see list of authorized persons below:

- ✓ Registrant (Name on Certificate)
- ✓ Grandparent/Grandchild of Registrant
- ✓ Authorized by Court Order (Include copy of court order.)
- ✓ Law Enforcement/Govt. Agency (Conducting Official Business)
- ✓ Parent/Legal Guardian of Registrant (Legal guardian must provide documentation.)
- ✓ Child/Sibling of Registrant
- ✓ Spouse/Registered Domestic Partner of Registrant
- ✓ Attorney Representing Registrant or Registrant’s Estate
- ✓ Power of attorney/Executor of the registrant’s Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor.)
- ✓ Attorney/Licensed Adoption Agency (Under CA Family Code Section 3140 or 7603)

### The notarized sworn statement must:

- Include a penalty of perjury statement
- Identify the applicant’s relationship to the registrant
- Be signed in the presence of a notary public
- Contain the notary’s official seal. (*NOTE: A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained at a United States Embassy or Consulate do not require an apostille.*)

Please see sample sworn statement below. (The notary completes the Certificate of Acknowledgment section after the applicant’s signature is witnessed.)

SWORN STATEMENT	
I, _____, declare under penalty of perjury under the laws of the State of California, (Applicant’s Printed Name)	
that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):	
Name of Person Listed on Certificate	Applicant’s Relationship to Person Listed on Certificate
<small>(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)</small>	
Subscribed to this _____ day of _____, 20____, at _____, _____.	
(Day) (Month) (City) (State)	
_____ (Applicant’s Signature)	
<b>CERTIFICATE OF ACKNOWLEDGMENT</b>	
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.	

### Frequently Asked Questions

**Q: Where can I find application forms?**

A: Application forms, including the Supplemental Name Report – Birth (VS 107) form, are located on the CDPH-VR [Vital Records, Data and Statistics Forms](https://www.cdph.ca.gov/Programs/PSB/Pages/BirthDeathMarriageCertificates.aspx) webpage.  
(<https://www.cdph.ca.gov/Programs/PSB/Pages/BirthDeathMarriageCertificates.aspx>)

**Q: Where can I find informational pamphlets?**

A: Informational pamphlets for all amendment types are located on the CDPH-VR [Vital Record Pamphlets](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Record-Pamphlets.aspx) webpage.  
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Record-Pamphlets.aspx>)

**Q: What is the current processing time?**

A: Current processing times are listed on the CDPH-VR [website](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx).  
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>)

**Q: Once the amendment is registered, what happens to the birth certificate?**

A: Amendments become part of the original record, resulting in a multi-page certificate. You must keep the certificate with all amendments attached for the birth certificate to be valid.

**Q: Will my supporting documents be returned?**

A: Supporting documents, including sworn statements, are not returned once the amendment is registered. Please keep copies of all documents submitted.

**Q: What if I still have questions?**

A: Please contact our Customer Service Unit by email at [AmendVR@cdph.ca.gov](mailto:AmendVR@cdph.ca.gov) or telephone at (916) 445-2684.

## SWORN STATEMENT INSTRUCTIONS

- Only one sworn statement is required for multiple records.
- Sworn statements are not required for informational copy requests.
- Authorized individuals must complete the top portion of the sworn statement by signing and identifying their relationship to person listed on certificate.
- Sworn statements must be notarized for authorized copy requests. **Law enforcement, governmental agencies, and funeral establishments (death records only) are exempt from the notary requirement, but must complete the top portion of the sworn statement page.**
- A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.

## RELATIONSHIP TO REGISTRANT

### List of Authorized Persons:

- The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
- 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.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.
- Any agent or employee of a funeral establishment who acts within the course and scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8).
- Surviving next of kin (As specified in HSC § 7100).

**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 am eligible to receive a 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)

