

# DELAYED REGISTRATION OF BIRTH STATE OF CALIFORNIA

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

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

<b>FACTS OF BIRTH</b>	1A. NAME OF CHILD—FIRST		1B. MIDDLE		1C. LAST	
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY		4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON ATTENDING THIS BIRTH)		
	5A. PLACE OF BIRTH—HOSPITAL, STREET, NUMBER, LOCATION			5B. CITY OR TOWN		5C. COUNTY
<b>PARENT</b>	6A. NAME OF PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTH STATE/ FOREIGN COUNTRY	8. DATE OF BIRTH— MM/DD/CCYY
<b>PARENT</b>	9A. NAME OF PARENT / PARENT GIVING BIRTH—FIRST	9B. MIDDLE	9C. LAST (BIRTH)	9D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTH STATE/ FOREIGN COUNTRY	11. DATE OF BIRTH— MM/DD/CCYY
<b>CERTIFICATION OF APPLICANT</b>	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		12. PRINTED NAME AND SIGNATURE OF APPLICANT		13. CHECK ONE    PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PERSON WHOSE BIRTH IS BEING REGISTERED <input type="checkbox"/> ATTENDANT <input type="checkbox"/> AT BIRTH	
	14. DATE—MM/DD/CCYY	15. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		16A. DATE OF DEATH—MM/DD/CCYY	16B. STATE FILE NUMBER	
<b>AFFIDAVIT AND SIGNATURES</b>	<b>IT IS A FELONY TO FILE A FALSE AFFIDAVIT. THERE IS ALSO A CIVIL PENALTY OF \$5,000. "WE HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT WE HAD PERSONAL KNOWLEDGE OF THIS BIRTH AT THE TIME OF OCCURRENCE."</b>					
	17A. PRINTED NAME AND SIGNATURE OF FIRST PERSON			17B. RELATIONSHIP/REASON FOR KNOWLEDGE OF BIRTH		17C. CURRENT AGE
	17D. DATE SIGNED—MM/DD/CCYY	17E. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)				
	18A. PRINTED NAME AND SIGNATURE OF SECOND PERSON			18B. RELATIONSHIP/REASON FOR KNOWLEDGE OF BIRTH		18C. CURRENT AGE
	18D. DATE SIGNED—MM/DD/CCYY	18E. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)				

## STATE REGISTRAR USE ONLY—EVIDENCE SUBMITTED

<b>FACTS OF BIRTH</b>	19. DOB: _____ POB: _____ DATE RECORDED: _____ DATE ISSUED: _____
	DOCUMENT DESCRIPTION
<b>FACTS OF BIRTH</b>	20. DOB: _____ POB: _____ DATE RECORDED: _____ DATE ISSUED: _____
	DOCUMENT DESCRIPTION
<b>FACTS OF BIRTH</b>	21. DOB: _____ POB: _____ DATE RECORDED: _____ DATE ISSUED: _____
	DOCUMENT DESCRIPTION
<b>STATE REGISTRAR USE ONLY</b>	I HEREBY CERTIFY THAT NO PRIOR CERTIFICATE HAS BEEN FOUND ON FILE IN THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH - VITAL RECORDS, FOR THE ABOVE REGISTRANT. THE EVIDENCE HAS BEEN REVIEWED AND SAID EVIDENCE SUBSTANTIATES THE FACTS AS SET FORTH IN THE FOREGOING ABSTRACT. BIRTH RECORDS REGISTERED ONE YEAR AFTER THE YEAR OF EVENT ARE NOT "PRIMA FACIE" EVIDENCE OF THE FACTS STATED (HEALTH AND SAFETY CODE, SECTION 103550).
	22. CDPH - VITAL RECORDS
	23. DATE REGISTERED

## CONFIDENTIAL FOR PUBLIC HEALTH USE ONLY

<b>GENETIC FATHER</b>	25A. HISPANIC—IF YES, SPECIFY ORIGIN <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	25B. RACE—Up to 3 Races/Ethnicities May Be Listed	26. EDUCATION—Highest Level/Degree
<b>GENETIC MOTHER</b>	27A. HISPANIC—IF YES, SPECIFY ORIGIN <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	27B. RACE—Up to 3 Races/Ethnicities May Be Listed	28. EDUCATION—Highest Level/Degree



# APPLICATION FOR DELAYED REGISTRATION OF BIRTH

A fee is required for births registered one year after the date of event. The fee includes one certified copy of the certificate. There is a fee for each additional certified copy requested. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at [www.cdph.ca.gov](http://www.cdph.ca.gov).

Enclosed is the fee of \$ \_\_\_\_\_ for filing the Delayed Registration of Birth and one certified copy.

Enclosed is the fee of \$ \_\_\_\_\_ for an additional certified copy(ies) of the Delayed Registration of Birth.

Printed Name of Applicant \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

## INSTRUCTIONS

**Do not apply for a Delayed Registration of Birth if you already have a registered birth certificate in California.**

### I. SIGNATURES REQUIRED

The application must be signed by the person whose birth is being registered if he/she is 18 years of age or older at the time of filing the application. If the registrant is not 18 years of age or older, the application must be signed by his/her mother, father, parent, legal guardian, or attending physician or principal attendant at birth.

### II. "AFFIDAVITS" AND "DOCUMENTARY EVIDENCE" DEFINED

An "affidavit" is defined as a written statement executed under oath by a person who, at the time of the applicant's birth, was at least five years old and had knowledge of the facts of birth. "Documentary evidence" is defined as original documents or certified copies of documents which show birth information.

### III. AFFIDAVITS AND DOCUMENTS REQUIRED

#### A. If the person whose birth is being registered is under 12 years of age:

1. Two persons having knowledge of the facts of the birth and who were at least five years old at the time of this event must sign the affidavit (Items 17A and 18A). If the persons signing are not relatives of the applicant, they must specify the reason for having knowledge of the birth at the time of occurrence, e.g., "witnessed birth," etc. One document which confirms the date and place of birth and which is dated more than two years prior to the date of this application is required.

OR

2. Two documents over two years old that confirm the date and place of birth are required. One document must confirm parentage.

#### B. If the person whose birth is being registered is 12 years of age or older:

1. Two persons having knowledge of the facts of the birth and who were at least five years old at the time of the event must sign the affidavit (Items 17A and 18A). One document which confirms the date and place of birth and which is dated more than five years prior to the date of this application is required.

OR

2. Two documents that confirm the date and place of birth and that are dated more than five years prior to the date of this application are required. One document must confirm parentage.

### IV. Suggested documents that may verify date and place of birth or parentage of the person whose birth is being registered are listed below. (Health and Safety Code Section 102580.)

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|--|--|
| 1. Certified Copy of Birth Certificate of Applicant's Child  | 7. Certified Copy of Voter Registration Application  |
| 2. Certified Copy of Applicant's Certificate of Registry of Marriage                                       | 8. Baptismal Certificate or Other Church Records   |
| 3. U.S. Census Record: A form requesting a search of the Census records (for records prior to 1950)        | 9. Newspaper Notice of Birth (the entire page of the newspaper)  |
| 4. DD214 (Military Service Record)   | 10. School Registration Form (the form must be put into an envelope and sealed by the School Registrar to be opened only by Office of Vital Records employees) |
| 5. Hospital Records of Birth or Other Medical Records  |  |
| 6. Social Security Numident: This may be obtained from the Social Security Administration in Baltimore, MD |  |

### V. When properly completed and signed, mail this form, documents, notarized Sworn Statement, and the required fee(s) to:

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



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