

AFFIDAVIT OF YOUTH IN FOSTER CARE STATUS FOR FEE EXEMPT CERTIFIED COPY OF BIRTH CERTIFICATE

INFORMATION

- A fee exempt copy of a birth record may be obtained from the local registrar or county recorder office in the county where the registrant was born. A fee exempt copy cannot be obtained from the State Registrar.
- Each eligible person may only receive one fee exempt birth record, per application.
- Requests for fee exempt copies are still subject to other requirements outlined in the application for obtaining copies of birth records.
- Applications for a certified copy of a birth record may be obtained by contacting the vital records office in the county where the birth occurred.

Requirements for eligibility to receive a fee exempt copy of a birth certificate:

- Requests may be made by a youth in foster care on behalf of themselves or by any person lawfully entitled to request a certified record of live birth on behalf of a youth in foster care.
- A “youth in foster care” is an individual who is provided “foster care” as defined in subdivision (f) of Section 11400 of the Welfare and Institutions Code: the 24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting.
- A county welfare agency with relevant knowledge of a youth’s foster care status must provide verification through completion of the affidavit.
- The affidavit will not be considered complete unless signed by both a county welfare agency and the person making the request for the birth record.

AFFIDAVIT OF YOUTH IN FOSTER CARE STATUS FOR FEE EXEMPT CERTIFIED COPY OF BIRTH CERTIFICATE

PLEASE READ THE INFORMATION SECTION BEFORE COMPLETING THIS AFFIDAVIT

Pursuant to **Health and Safety Code Section 103578**, each local registrar or county recorder shall, without a fee, issue a certified record of live birth to any person who can verify his or her status as a youth in foster care. This affidavit must be used for the purpose of requesting a fee exempt certified copy of a Certificate of Live Birth.

SECTION I.

To be completed by the person making the request for the certified birth record (hereafter: "requestor")

I, _____ swear or affirm, to the best of my knowledge and belief,
Printed Name of Requestor

that on the date listed below in this section, I am:

___ a youth in foster care;

OR,

___ a person lawfully entitled to request a certified record of live birth on behalf of the

following youth in foster care _____,
Printed Name of Youth in Foster Care

Signature of Requestor _____ **Date** _____

SECTION II.

To be completed by a "county welfare agency"

Entity Name of County Welfare Agency Furnishing Verification of Youth in Foster Care Status:

Address: _____

Phone Number: _____ **E-mail:** _____

I, _____ swear or affirm, to the best of my knowledge and belief
Printed Name of Agent for Provider

that on the date listed below in this section, _____
Printed Name of Youth in Foster Care

is a youth in foster care.

Signature of Agent for Provider _____ **Date** _____