

**APPLICATION FOR CALIFORNIA'S
BIRTH AND DEATH DATA FILES
FOR RESEARCH USE**

Application Checklist

- “Application for California’s Birth and Death Data Files **for Research Use**” filled out **completely**
- **All questions must be complete; DO NOT refer to CPHS Protocol as an answer.**
 - All Data Dictionaries filled out completely for each year requested, frequency and all desired variables are explained (*Please do not cite CPHS Protocol to explain how the fields will be used*)
 - Copy of CV/Resume for PI and Co-PI
 - Letter of Sponsorship (if applicable) included
 - CPHS Protocol (this application and CPHS Protocol must mirror each other)
 - Signed** “[Information Privacy and Security Requirements](#)” Information Privacy and Security Requirements signed (*wet signature required*) for PI, Co-PI, and Contractors (*if not at the same address as the PI or Co-PI*)
 - All Data Dictionaries are attached to the CPHS Protocol
 - Verify that all information on application and protocol match

For Example:

- Data Files /Years Requested
 - PI and Co-PI Name and Address
- Notarized Certificate of Acknowledgment
 - Submit CPHS approval letter when obtained

Note: Must be received prior to data being released

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Application Instructions

Researchers may apply to receive custom data files from the California Comprehensive Birth, Birth Cohort, Death, and/or Fetal Death data file(s).

The use of vital statistics data files for research requires review by both the Health and Human Services Agency Committee for the Protection of Human Subjects (CPHS) and the Vital Statistics Advisory Committee (VSAC). Both the Center for Health Statistics and Informatics (CHSI) and CPHS require requesters to submit their proposals for simultaneous review of research projects by CPHS and VSAC. Please allow sufficient time for review of your application.

Prior to release of vital records data, CHSI must have a copy of an approved CPHS protocol and a current CPHS approval letter. These documents must cover the full time period during which the vital records data will be used for the research study. Approval from another Institutional Review Board may not be substituted for CPHS approval.

Information about CPHS and their approval process is available at (916) 326-6660, via e-mail at cphs-mail@oshpd.ca.gov, or on the CPHS website: <http://www.oshpd.ca.gov/Boards/CPHS/researchers.html>

Notarized proof of identity is required to purchase the data files.

Mail, fax, or email the completed and signed application to:

California Department of Public Health
Health Information and Research Section
Attn: Data Request Desk, MS 5102
P.O. Box 997410 Sacramento, CA 95899-7410
Phone: (916) 552-8095
Fax: (916) 650-6889
E-Mail: HIRS@cdph.ca.gov

All data files provided to researchers are custom data files. Data files are subject to cost recovery pursuant to the California Health and Safety Code Section 102230. The cost depends on the complexity of the request. CHSI will provide an invoice for the total cost of the data file, after your completed application is received.

Payment is required before data files can be released. Make all checks or money orders payable to California Department of Public Health (CDPH). The CDPH cannot accept credit card payment or purchase orders.

Private courier deliveries are not accepted at the P.O. Box above. If you would like to overnight the completed application, please call or email for the physical location.

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Name/Principal Investigator (PI):		Date:
Title:	Organization:	
Street Address:		City:
State:		Zip Code:
Phone:		Fax:
Email:		
Name/Co-PI (if applicable):		Is Co-PI at different address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide address:
Title of Project (as listed on CPHS Protocol):		

Data Delivery
<p>Custom data files will be created based on the data fields selected in the appropriate data dictionary(s). Indicate which fields to include on the custom data file by placing a “yes” in the appropriate column and providing a reason for including this field in the data file.</p> <p>Data files are available as annual files, or can be provided quarterly, monthly, or weekly, by request. Data files are subject to cost recovery pursuant to HSC Section 102230. Applicants requesting regular delivery of weekly, monthly or quarterly data files must enter into a contract with the CDPH. Please indicate below how frequently the data will be delivered, and you will be contacted by CHSI staff to discuss contracting procedures.</p>

Data Request for Future Years
<p>Future years of data are limited to the year of data currently available plus three additional future years. As an example, if the 2012 Fetal Death data is the latest year available, applicants may only request this data through 2015 (2012 current year, plus three additional future years 2013, 2014, 2015).</p>

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Data File(s)	Please Indicate the Year(s) Requested	Frequency W = Weekly M = Monthly Q = Quarterly A = Annual
<input type="checkbox"/> BIRTH DATA (1960-2017 available)	Year(s) Requested: _____ to _____	<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
<input type="checkbox"/> BIRTH COHORT (1980-2016 available) 1998 data is not available. This file includes all live births and the infants who died in the first year of life (linked to the birth)	Year(s) Requested: _____ to _____	Annual Only

Death Data is available in various formats. See [DEATH COMPARISON CHART](#) for California Death Data sources available to be requested and utilized. Effective 2016, the Multiple Causes of Death (MCO) variables are available in the California Comprehensive Death File (CCDF) and the California Comprehensive Master Death File (CCMDF): sequence numbers 201-240.

Indicate the source and the year(s) requested below.

Data File(s)	Please Indicate the Year(s) Requested	Frequency W = Weekly M = Monthly Q = Quarterly A = Annual
<input type="checkbox"/> DSMF (1970-2013 available)	Year(s) Requested: _____ to _____	Annual Only
<input type="checkbox"/> CCDF Dynamic (2005-2018 available)	Year(s) Requested: _____ to _____	<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
<input type="checkbox"/> CCDF Static (2005-2017 available)	Year(s) Requested: _____ to _____	Annual Only
<input type="checkbox"/> CCMDF (2014-2017 available)	Year(s) Requested: _____ to _____	Annual Only

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Data File(s)	Please Indicate the Year(s) Requested	Frequency W = Weekly M = Monthly Q = Quarterly A = Annual
<input type="checkbox"/> MULTIPLE CAUSE OF DEATH (1970-2016 available)	Year(s) Requested: _____ to _____	Annual Only
<input type="checkbox"/> FETAL DEATH (1978-2017 available)	Year(s) Requested: _____ to _____	Annual Only

Data Access		
List the names and addresses of all persons who will have access to the requested data files and explain their affiliation to the sponsoring institution (PI, co-PI, faculty, student, other). Please include a separate attachment if additional space is needed.		
Name	Affiliation	Address (if different than the PI's Address)

Contracting Use Only - Information Privacy and Security Requirements	
Will an outside contractor(s) be used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the contractor work in a CDPH office?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the contractor is not in a CDPH office, an Information Privacy and Security Requirements form must be signed and returned by the contractor(s) prior to data release.	

Contractor Contact Information # 1	
Name:	Telephone:
Organization:	FAX:
Address:	Email:
Purpose/Duties:	

APPLICATION FOR CALIFORNIA'S BIRTH AND DEATH DATA FILES *FOR RESEARCH USE*

Contractor Contact Information # 2	
Name:	Telephone:
Organization:	FAX:
Address:	Email:
Purpose/Duties:	

Project Type <i>(Please indicate the project type below.)</i>
<p><input type="checkbox"/> NEW project data request—CPHS approval is pending.</p> <p style="margin-left: 20px;"><input type="checkbox"/> A copy of the CPHS protocol is attached—must include all CPHS attachments. CPHS Project number:</p>
<p><input type="checkbox"/> CONTINUING Project (check the type that applies):</p> <p style="margin-left: 20px;"><input type="checkbox"/> No changes to the project protocol</p> <p style="margin-left: 40px;"><input type="checkbox"/> Request additional years of previously approved data</p> <p style="margin-left: 40px;"><input type="checkbox"/> Request continued use of previously approved data</p> <p style="margin-left: 20px;"><input type="checkbox"/> Changes to project protocol</p> <p style="margin-left: 40px;"><input type="checkbox"/> Request additional data files or data fields not previously approved</p> <p style="margin-left: 40px;"><input type="checkbox"/> Changes to the scope of work, project description, etc.</p> <p>Project number:</p> <p>Date current CPHS protocol expires:</p> <p>Required Documents</p> <ul style="list-style-type: none"> • A copy of the CPHS approval letter (This letter can be submitted at a later date, but data release is contingent upon receipt) • A copy of the CPHS-approved protocol including all CPHS attachments.

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3. Will the requested vital records (VR) data be linked with individual-level records in other databases/datasets (DB)? Yes No

If yes, please describe how this linkage will be accomplished, including who will be performing the linkage and what data fields will be used to link to other DBs. For example, first and last name will be used to link with hospital medical records data.

*Be specific about DB where VR Data will be linked and where VR Data will be stored and accessed.

4. Will the data be used to contact subjects? Yes No
If yes, please explain.

5. To ensure confidentiality, clearly specify the small cell size thresholds which will be published and/or publicly released.

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Data files may not be accurate or complete due to a variety of circumstances, including amendments to the legal records that may have been filed after the production of the data files. Data files are not legal records and should not be used as substitutes for the legal records from which they were derived.

Security

A signed copy of the [Information Privacy and Security Requirements](#) document is required prior to data release.

A separate signed Information Privacy and Security Requirements (IPSR) is required for the PI, and Co-PI (if the institution and location are the same for both PI, Co-PI, only one IPSR is needed). In addition, an IPSR is required for those listed in the Data Access section at a different address than the PI.

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Data Use Agreement

I, the undersigned, on behalf of the agency represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

1. I agree not to release or allow public access to the birth, death, or fetal death data, and I agree not to post the data on the Internet, except as permitted by California Health and Safety Code (HSC) section 102230(c)(8)(B)(i) through (v).
2. I agree to use the birth, death, or fetal death data files only for the purposes specified in this application.
3. I have provided the names of all persons who will have access to the birth, death, or fetal death data files. In the event of changes to this list, I will provide CDPH with a new list of names.
4. In any publications based on these data, I will include a disclaimer crediting analyses, interpretations, or conclusions reached regarding the birth, death, or fetal death data to the author and not to the CDPH.
5. In any publications based on these data, I will ensure that technical descriptions of the birth, death, or fetal death data are consistent with those provided by the CDPH.
6. I will not sell, assign, or otherwise transfer the birth, death, or fetal death data files, except as permitted by HSC section 102230(c)(8)(B)(i) through (v).
7. I will not use the birth, death, or fetal death data files for fraudulent purposes.
8. All CDPH vital records data received will be destroyed or returned upon completion of the research project.

Applicant Signature: _____

Date: _____

Printed Name: _____

Title: _____

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NOTARY PUBLIC

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.

CERTIFICATE OF ACKNOWLEDGMENT – Notary Signature

State of _____

County of _____

On _____, before me, _____

personally appeared _____, 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(s), 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.
(NOTARY SEAL)

NOTARY SIGNATURE