

**APPLICATION FOR
CALIFORNIA'S BIRTH AND DEATH DATA FILES
FOR LOCAL HEALTH DEPARTMENTS**

Application Checklist

- “Application for California’s birth and death data Files for **Local Health Departments (LHDs)**” filled out **completely and signed**.
- Signed** “Statement of Intended Use” on LHD letterhead (only when requesting data outside of your jurisdiction).
- Signed** “[Information Practices and Security Requirements Form](#)”
 - *Not needed if your county has executed a data use agreement and received Vital Records Business Intelligence System (VRBIS) training. Contact Health and Information Research Section at HIRS@cdph.ca.gov if you need assistance in identifying an authorized user for your LHD.*
 - *If your county has access to the VRBIS, Death data may be downloaded directly.*

APPLICATION FOR CALIFORNIA'S BIRTH AND DEATH DATA FILES FOR LOCAL HEALTH DEPARTMENTS

Application Instructions

The California Department of Public Health (CDPH) makes birth and fetal death data available on CD-ROM pursuant to Health and Safety Code (HSC) Section 102230(c).

Local health departments (LHD) may obtain one copy of their own comprehensive birth, death, fetal death data files and the multiple cause of death data file for the most recent year at no charge. Subsequent requests are subject to cost recovery pursuant to HSC Section 102230. Data files are provided in the format that they were created. Data elements and file formats differ depending on the requested year.

Death data are available through the Vital Records Business Intelligence System (VRBIS). If your LHD cannot access VRBIS and would like to receive death data, please complete and sign this application. If your LHD needs an executed data use agreement, VRBIS training or a password reset, please contact the Health Information and Research Section (HIRS) at HIRS@cdph.ca.gov for further information.

If requesting weekly, monthly, or quarterly file(s), CDPH will provide a cost estimate (if applicable) and generate an invoice prior to data file completion. Payment must be received prior to the release of data. Credit card payment is not accepted.

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

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

APPLICATION FOR CALIFORNIA'S BIRTH AND DEATH DATA FILES LOCAL HEALTH DEPARTMENTS

Name:	Date:
Title:	LHD:
Street Address:	City:
State:	Zip Code:
Phone:	Fax:
Email:	

Data File(s)	Please Indicate the Year(s) Requested
<input type="checkbox"/> BIRTH (1960-2017 available)	Year(s) Requested: _____ to _____
<input type="checkbox"/> BIRTH COHORT (1980-2016 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 _____
<input type="checkbox"/> DEATH: County deaths only (1970-2017)* <input type="checkbox"/> DEATH : County and out-of-state deaths (1970-2017) <input type="checkbox"/> DEATH: Out-of-State deaths only (1970-2017)	Year(s) Requested: _____ to _____ Year(s) Requested: _____ to _____ Year(s) Requested: _____ to _____
To request statewide death data, submit a " Government Agency Use " application	
<input type="checkbox"/> FETAL DEATH (1978-2017 available) **	Year(s) Requested: _____ to _____
<input type="checkbox"/> MULTIPLE CAUSES OF DEATH (MCO) (1970-2016 available)	Year(s) Requested: _____ to _____

* Includes county reallocates for jurisdiction, but not out of state reallocates. A county reallocate is an occurrence in which a birth, death, or fetal death occurred outside of the requested county, but the individual is a resident of the county. **Fetal Death currently does not include out-of-state data.

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Data Delivery

Local health departments (LHD) may obtain one copy of their own comprehensive birth, death, fetal death, and the multiple cause of death data files for the most recent at no charge. Subsequent requests are subject to cost recovery pursuant to HSC Section 102230.

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 LHD. Please include a separate attachment if additional space is needed.

Name	Affiliation	Address (if different than the applicant's address)

Information Privacy and Security Requirements

Death data are available through the Vital Records Business Intelligence System (VRBIS). If your LHD has received VRBIS training within the past 3 years, you may download directly from VRBIS with an executed data use agreement. Out of state death data is currently not available in VRBIS.

For access to VRBIS, a signed copy of the [Information Privacy and Security Requirements](#) document is required prior to data release.

If your LHD cannot access VRBIS and would like to receive death data, please complete and sign this application. If your LHD needs VRBIS training or a password reset, please contact the Health Information and Research Section (HIRS) at HIRS@cdph.ca.gov for further information.

Disclaimer

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.

APPLICATION TO PURCHASE CALIFORNIA'S BIRTH AND DEATH DATA FILES FOR LOCAL HEALTH DEPARTMENTS

Data Use Agreement

I, the undersigned, on behalf of the Local Health Department or Local Registrar's office represented in this application, agree to the following:

1. I agree not to release or allow public access to the birth, death, or fetal death data files, and I agree not to post the data on the Internet.
2. I agree to use the birth, death, or fetal death data files only for the purposes specified in this application.
3. I will not sell, assign, or otherwise transfer the birth, death, or fetal death data files, or any portion of the data files, and I will not release names or other personal identifiers from the data files.
4. I will not use the birth, death, or fetal death data files for fraudulent purposes.
5. I understand that the release of confidential birth data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (HSC Section 102475).
6. I further agree to acknowledge the CDPH as the original source of the data for any material derived from these vital statistic files.

If reallocate data is requested, I further agree to the following:

1. I may use the data for statistical analysis as long as no personally identifiable information is released.
2. I may use the data for public health surveillance, public health program evaluation, or administrative use consistent with the statement of intended use provided on page 1.
3. If the intended use of the data is for health related research, the request for data must be submitted to the Vital Statistics Advisory Committee and the Committee for the Protection Human Subjects. In addition, I agree that data received for health related research is deemed confidential and any personally identifiable data shall not be released.
4. The data will be stored on a secure network and must be returned or destroyed when the project described in the statement of intended use has been completed.
5. Any other release, re-release, or use of the vital records data requires the written permission of the originating state or territory.

Applicant Signature: _____

Date: _____

Printed Name: _____

Title: _____

Local Health Department Name: _____

Local Registrar or Local Health Officer
Signature: _____