

APPLICATION FOR CALIFORNIA'S ANTI-FRAUD BIRTH AND DEATH DATA FILES

Application Checklist

- “Anti-Fraud Application” filled out **completely**
- Signed** “Data Use Agreement”
- Notarized** “Certificate of Acknowledgment”
- Signed** “[Information Privacy and Security Requirements](#)”
- Signed** “Statement of Intended Use” on organization letterhead

APPLICATION FOR CALIFORNIA'S ANTI-FRAUD BIRTH AND DEATH DATA FILES

Application Instructions

The following items are needed to process your request:

- 1) Completed and signed application
- 2) Notarized Certificate of Acknowledgment
- 3) Information Privacy and Security Requirements
- 4) Statement of Intended Use: Your Statement of intended use is a separate attachment and must:
 - Be on your organization's letterhead
 - Describe how you propose to use the requested information
 - Include a statement documenting how your organization meets the criteria for fraud prevention purposes. If you are a contractor, please provide at least one example of a client as set forth in California Health and Safety Code (HSC) Section 102230(c)(5) as follows:
 - Financial institutions, as defined in Section 6827(4)(A) and (B) of Title 15 of the United States Code, its representatives or contractors.
 - Consumer credit reporting agencies, as defined in subdivision (d) of Section 1785.3 of the Civil Code, its representatives or contractors.
 - Entities providing information services for purposes of law enforcement or preventing fraud.
 - Officers of the court for the sole purpose of verifying a death.
 - Persons or entities acting on behalf of law enforcement agencies or the court, or pursuant to a court order.

The California Birth and Death Anti-Fraud Data Files are available on CD-ROM.

Data elements and file formats differ depending on the year requested.

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. Send your request and payment (if applicable) 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

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Application Instructions (*continued*)

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

California makes available an anti-fraud birth and death index file. The annual file is a static file representing a record of each birth or death that occurred in the State of California for the previous calendar year. Weekly, monthly, or quarterly files represent a record of the deaths registered in the previous week, month, or quarter, respectively.

For anti-fraud or law enforcement purposes, H&SC 102230 specifies the following data fields be included in the files from the California Comprehensive Birth and/or Death data file(s):

ANTI-FRAUD BIRTH DATA FILES

1. Last Name of Child
2. First Name of Child
3. Middle Name of Child
4. Date of Birth
5. Sex of Child
6. Place of Birth (Facility, Street Address, City, and County)
7. Mother's Maiden Name

ANTI-FRAUD DEATH DATA FILES

1. Last Name of Decedent
2. First Name of Decedent
3. Middle Name of Decedent
4. Sex of Decedent
5. Date of Birth
6. Place of Birth
7. Place of Death (Facility, Street Address, City, and County)
8. Date of Death
9. Mother's Maiden Name
10. Social Security Number
11. Father's Last Name

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

Statement of Intended Use
<p>Attach a signed statement of intended use on your organization's letterhead describing how you propose to use the requested data, including the years, data type, and include a statement explaining how your organization meets the criteria for fraud prevention purposes. If you are a contractor, please provide at least one example of a client as set forth in California Health and Safety Code (HSC) Section 102230(c)(5) as follows:</p> <ul style="list-style-type: none"> Financial institutions, as defined in Section 6827(4)(A) and (B) of Title 15 of the United States Code, its representatives or contractors. Consumer credit reporting agencies, as defined in subdivision (d) of Section 1785.3 of the Civil Code, its representatives or contractors. Entities providing information services for purposes of law enforcement or preventing fraud. Officers of the court for the sole purpose of verifying a death. Persons or entities acting on behalf of law enforcement agencies or the court, or pursuant to a court order.

Data Delivery
<p>Data files will be created based on the data fields specified in HSC 102230 for anti-fraud or law enforcement purposes. Data files are subject to cost recovery pursuant to HSC 102230. Applicants/entities requesting regular delivery of weekly, monthly, or quarterly data files must enter into a contract with CDPH. Please indicate below how frequently the data will be delivered, and you will be contacted by CHSI staff to discuss procedures.</p>

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Data Request for Future Years

Future years of data are limited to the year of data currently available plus three additional future years. As an example, if the 2016 CCMDF Death data is the latest year available, applicants may only request this data through 2019 (current year, plus three additional future years).

Data File(s)	Please Indicate the Year(s) Requested	Frequency
		W = Weekly M = Monthly Q = Quarterly A = Annual

Years 1905-2017 will be delivered as an Annual file. Any requests for future years can be delivered weekly, monthly, quarterly, or any frequency combined with annually.

ANTI-FRAUD <input type="checkbox"/> BIRTH (1905-2017 available) <input type="checkbox"/> DEATH (1905-2017 available)	Year(s) Requested: _____ to _____ _____ to _____	<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
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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 organization (applicant, contractors, other). Please include a separate attachment if additional space is needed.

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

Security

A signed copy of the [Information Privacy and Security Requirements](#) document is required prior to data release for the applicant and those listed in the Data Access section at a different address than the applicant.

Disclaimer

Anti-Fraud data, prepared pursuant to HSC Section 102230, 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.

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Data Use Agreement

I, the undersigned, on behalf of the organization/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 or death data, and I agree not to post the data on the Internet, except as permitted by HSC Section 102230(c)(8)(B)(i through v).
2. I agree to use the birth and 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 and death data files.
4. In any publications based on these data, I will include a disclaimer crediting analyses, interpretations, or conclusions reached regarding the birth or 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 or death data are consistent with those provided by the CDPH.
6. I will not sell, assign, or otherwise transfer the birth or death data files, except as permitted by HSC Section 102230(c)(8)(B)(i through v).
7. I will not use the birth or death data files for fraudulent purposes.
8. All CDPH vital records data received will be destroyed or returned upon completion of the 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