

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

Application Checklist

- "Application for California's Birth and Death Data Files for **Government Agency Use**" 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
- Appropriate Data dictionary(s) attached and all desired variables explained (custom files only) for each year requested.

Note: If requesting confidential fields from certificate, VSAC approval is required

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

Application Instructions

Government agencies may apply to receive custom data files from the California Comprehensive Death data file. This application should be used by government agencies requesting birth and death public use, and multiple causes of death data to fulfill business needs (administrative uses, meeting statutory reporting requirements, providing required information to funding agencies, etc.). According to statute 102430 of the Health and Safety Code, all requests for birth, birth cohort, and fetal death must be submitted using the research application.

Requests from government agencies for vital records data for official government business require the approval of the State Registrar. On the agency's letterhead, please provide a statement of the intended use for the requested data and attach it to this application. The statement must include a description of how the data will be used, including any data products to be derived from the vital records data that the requesting agency plans to distribute internally or externally. If the data will be used to prepare tables for public release, the statement of intended use must include a description of how the agency will ensure that small cell sizes are suppressed. The data files released pursuant to this application may not be used for fraudulent purposes and may only be used under the terms and conditions specified in this application.

The California Birth and Death Public Use Data Files, Death Data Files, and MCODE Files are available on CD-ROM. Payment is required before data files can be released, once your application is approved, CDPH will provide a cost for creation of the custom data files. If an invoice is needed in order to process a check, please contact the Health Information and Research Section (HIRS) at the telephone number or e-mail listed above. Make all checks or money orders payable to California Department of Public Health. CDPH cannot accept credit cards or send data files via a purchase order.

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

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, please call or email for the physical location.

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

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

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
PUBLIC USE <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
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

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

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 (2005-2017 available)	Year(s) Requested: _____ to _____	<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
<input type="checkbox"/> CCDF Static (2005-2016 available)	Year(s) Requested: _____ to _____	Annual Only
<input type="checkbox"/> CCMDF (2014-2016 available)	Year(s) Requested: _____ to _____	Annual Only
<input type="checkbox"/> MULTIPLE CAUSE OF DEATH (1970-2016 available)	Year(s) Requested: _____ to _____	Annual Only

**For ALL BIRTH, BIRTH COHORT, and FETAL DEATH Data Requests
Agency Must Submit Research Use Application****

** Per H&SC 102430, all requests for birth, birth cohort, and fetal death must be reviewed by CPHS and VSAC and approved by the State Registrar for release.

**APPLICATION FOR
CALIFORNIA’S BIRTH AND DEATH DATA FILES
FOR GOVERNMENT AGENCY USE**

Data Delivery
<p>CDPH will create custom data files 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>Applicants/entities requesting regular delivery of weekly, monthly, or quarterly data files must enter into a contract with CDPH. Please indicate how frequently the data will be delivered, and you will be contacted by CHSI staff to discuss procedures.</p>

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 and data type. If the data are to be linked, please clearly explain the purpose of the data linkage, who will be conducting the data linkage and what datasets the vital records data will be linked to.</p>

Data Access		
<p>Required only if requesting Death or MCODE files: List the names of all persons who will have access to the requested data files and explain their affiliation to the sponsoring agency (applicant, contractors, other).</p>		
Name	Affiliation	Address (if different than the Applicant)

Disclaimer
<p>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.</p>

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

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:	

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

**APPLICATION FOR
CALIFORNIA’S BIRTH AND DEATH DATA FILES
FOR GOVERNMENT AGENCY USE**

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 and 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: _____

**APPLICATION FOR
CALIFORNIA’S BIRTH AND DEATH DATA FILES
FOR GOVERNMENT AGENCY USE**

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