

APPLICATION FOR CALIFORNIA'S PUBLIC USE BIRTH AND DEATH DATA FILES

Application Checklist

- "Application for California's Public Use Birth and Death Data Files" filled out **completely**
- Signed** "Data Use Agreement"
- Notarized** "Certificate of Acknowledgement"
- Signed** "Statement of Intended Use" on organization letterhead

APPLICATION FOR CALIFORNIA'S PUBLIC USE BIRTH AND DEATH DATA FILES

Application Instructions

The California Birth and Death Public Use Data Files are available on CD-ROM.

Copies of data files are subject to cost recovery pursuant to H&SC 102230. Data files are provided in the form that they were created. Data elements and file formats differ depending on the year(s) requested.

Applicants requesting regular delivery of weekly, monthly, or quarterly data files must enter into a contract with CDPH. 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

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.

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Application Instructions (*continued*)

California makes available a public use birth and death index file. Statute specifies the data fields that are included in the files. These are static files representing a record of each birth or death registered in the State of California for the calendar year.

PUBLIC USE BIRTH DATA FILES (PUF-B)

The Public Use Birth data files contain six information items:

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

PUBLIC USE DEATH DATA FILES (PUF-D)

The Public Use Death data files contain nine information items:

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
8. Date of Death
9. 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 and data type.</p> <p>* Organization's Letterhead is required if applicant is requesting data on their behalf.</p>

Data Delivery
<p>Data files will be created based on the data fields specified in Health and Safety Code (HSC) 102230 for public release. Data files are subject to cost recovery pursuant to HSC 102230. Applicants/entities requesting regular delivery of weekly, monthly, or quarterly 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>

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 2016 CCMDF Death data is the latest year available, applicants may only request this data through 2019 (current year, plus three additional future years).</p>

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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 annually.		
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

Disclaimer
Public Use 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 that any publication based on these data will include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the CDPH.
2. If I publish technical descriptions of the data, they will be consistent with those provided by CDPH.
3. I will not sell, assign, release, otherwise transfer, or allow public access to the public use file(s) or any portion thereof.
4. I will not use these public use file(s), or any portion thereof, for fraudulent purposes.
5. I agree to use of the birth and death data files only for the purposes specified in this application.
6. 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 HSC Section 102230.
7. 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