

APPLICATION FOR CALIFORNIA'S
BIRTH AND DEATH DATA FILES FOR RESEARCH USE
*Continuing Projects Only Requesting Additional Years of
Data*



This application is for continuing projects that are only requesting additional years of data and have no other changes to the project. If your continuing project has other changes (listed below), stop filling out this form and complete the “Application for California’s Birth and Death Data Files for Research Use *Continuing Projects with Changes to the CPHS xForm*” (VS 150).

- Principal Investigator (PI) or Co-PI
- Organization
- Data type(s)
- Contractor(s)
- Data variable(s)
- Scope of project

Note: This application is for continuing projects that are only requesting additional years of data and have no other changes to the project. Please review this section carefully to ensure that you are completing the correct application.

Application Checklist

Application filled out completely

All data dictionaries filled out completely for each year requested, frequency and all desired variables are justified. **Do not cite the CPHS xForm to explain how the fields will be used.**

Committee for the Protection of Human Subjects' (CPHS) Amendment xForm showing the request for additional data year(s)

Notarized Certificate of Acknowledgment

Submit the [CPHS approval letter](#) when obtained. The CPHS approval letter must be received prior to data release.

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This application is for requesters seeking additional years of data for a project previously approved by CPHS and VSAC. In addition to completing this application, requesters must submit a CPHS amendment xForm. Please allow sufficient time for review of your application.

Prior to release of vital records data, the Health Information and Research Section (HIRS) must have a copy of a current CPHS approval letter. Approval from another institutional review board may not be substituted for CPHS approval.

Information about CPHS and their approval process is available [online](#). Also, you may contact CPHS at (916) 326-6660, or via e-mail at cphs-mail@oshpd.ca.gov.

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 the "California Department of Public Health." 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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Date:

Name/Principal Investigator (PI):

Title:

Organization:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

Name/Co-Principal Investigator (Co-PI):

Organization:

Street Address (If different than PI):

City:

State:

Zip Code:

Phone:

Email:

Original CDPH Order #:

Title of Project:

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Future Years of Data

Future years of data are limited to the year of data currently available, plus three additional future years. For example, if 2016 fetal death data is the latest year available, applicants may only request these data through 2019 (2016 current year, plus three additional future years 2017, 2018, 2019).

Contracts

Applicants requesting regular delivery of weekly, monthly or quarterly data files must enter into a contract with the CDPH. Data files are subject to cost recovery pursuant to Health and Safety Code (HSC) Section 102230. Please indicate below how frequently the data will be delivered, and you will be contacted by CHSI staff to discuss contracting procedures.

Birth – Indicate data files requested:

BSMF (1960-2017)	From	to		Annual Only
CCBF - Static (2018)	From	to		Annual Only
CCBF - Dynamic (2000-2020)	From	to	Weekly	Monthly Quarterly Annual
CCMBF (2018)	From	to		Annual Only
Birth Cohort* (1980-2017)	From	to		Annual Only

*This data file includes all live births and the infants who died in the first year of life (linked to the birth).

Birth Data is available in various formats. See the [BIRTH COMPARISON CHART](#) for California Birth sources available to be requested and utilized.

Death – Indicate data source(s) requested:

DSMF (1960-2013)	From	to		Annual Only
CCDF – Static (2005-2018)	From	to		Annual Only
CCDF – Dynamic (2005-2020)	From	to	Weekly	Monthly Quarterly Annual
CCMDF (2014-2018)	From	to		Annual Only
Fetal Death (1970-2018)	From	to		Annual Only
MCOD (1970-2017)	From	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 (MCOD) variables are available in the California Comprehensive Death File (CCDF) and the California Comprehensive Master Death File (CCMDF): sequence numbers 201-240.

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Data Delivery

CDPH is delivering all data through Secure File Transfer Protocol (SFTP) unless otherwise agreed upon by both parties. The files will only be available to download for 30 days after delivery.

CDPH Information Technology Services Division will contact you via the email provided in the application to set up account access. Please note, SFTP access is limited to the PI, Co-PI, and listed contractors.

Data Retention

The CDPH data retention policy is to retain the data files and/or programming for only 120 days after data delivery. Therefore, as soon as a data file is received, please review for accuracy and completeness. If an issue is discovered after the destruction of the data file, a new application will need to be submitted and will be subject to cost recovery.

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Data Access – Must be completed

List the names and addresses of additional staff 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)	Email

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.

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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 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.
If reallocate data is requested, I further agree to the following:
9. I may use the data for statistical analysis as long as no personally identifiable information is released.
10. 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.
11. 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.
12. 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.
13. Any other release, re-release, or use of the vital records data requires the written permission of the originating state or territory.

PI Signature: _____
(PDF Signature not acceptable)

Date: _____

Printed Name: _____

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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