

ACKNOWLEDGEMENT OF PATERNITY/PARENTAGE

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME OF CHILD—FIRST		1B. MIDDLE	1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4A. CITY OF BIRTH		4B. COUNTY OF BIRTH	
	5. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY					
	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)		6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT—FIRST		7B. MIDDLE	7C. LAST (BIRTH)		7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT

PART II INFORMATION AS IT IS TO APPEAR ON NEW RECORD

NEW NAME OF CHILD	8A. NAME OF CHILD—FIRST	8B. MIDDLE	8C. LAST (BIRTH)		
PARENT	9A. FULL NAME OF PARENT—FIRST	9B. MIDDLE	9C. LAST (BIRTH)		9D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	10. STATE/FOREIGN COUNTRY OF BIRTH			11. DATE OF BIRTH—MM/DD/CCYY	
BIRTH PARENT	12A. FULL NAME OF PARENT—FIRST	12B. MIDDLE	12C. LAST (BIRTH)		12D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	13. STATE/FOREIGN COUNTRY OF BIRTH			14. DATE OF BIRTH—MM/DD/CCYY	

SAMPLE

PART III AFFIDAVITS AND SIGNATURES

- WE CERTIFY THAT WE ARE UNMARRIED PARENTS AND HAVE ATTACHED A COPY OF THE PATERNITY OPPORTUNITY PROGRAM (POP) FORM.
 WE CERTIFY THAT WE ARE MARRIED PARENTS AND HAVE ATTACHED A COPY OF OUR MARRIAGE CERTIFICATE.
 WE CERTIFY THAT WE ARE IN A STATE REGISTERED DOMESTIC PARTNERSHIP AND HAVE ATTACHED A COPY OF OUR DECLARATION.

USE BLACK INK ONLY	I CERTIFY UNDER PENALTY OF PERJURY THAT I AM THE PARENT OF THE CHILD IDENTIFIED ABOVE AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
	15A. SIGNATURE OF PARENT			15B. DATE SIGNED	
	15C. ADDRESS – STREET AND NUMBER		15D. CITY	15E. STATE	15F. ZIP CODE
	I CERTIFY UNDER PENALTY OF PERJURY THAT I AM THE PARENT OF THE CHILD IDENTIFIED ABOVE AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
16A. SIGNATURE OF PARENT			16B. DATE SIGNED		
16C. ADDRESS – STREET AND NUMBER		16D. CITY	16E. STATE	16F. ZIP CODE	

STATE REGISTRAR USE ONLY	17. CDPH - VITAL RECORDS	18. DATE ACCEPTED FOR REGISTRATION
--------------------------	--------------------------	------------------------------------

APPLICATION TO AMEND A BIRTH RECORD — ACKNOWLEDGEMENT OF PATERNITY/PARENTAGE

TYPE OR PRINT CLEARLY IN BLACK INK ONLY
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

When a birth record is amended due to an acknowledgement of paternity/parentage, the original record is sealed and a new birth record is prepared.

A fee is required for the preparation of an amended birth record. This fee includes one certified copy of the newly prepared birth record. There is a fee for each additional copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at www.cdph.ca.gov.

Enclosed is the fee of \$ _____ for preparation of the new birth record and one certified copy.

Enclosed is the fee of \$ _____ for an additional certified copy(ies) of the newly prepared birth record.

Printed Name of Applicant

Mailing Address of Applicant

Telephone Number ()

City, State, ZIP Code

The "Birth" name required on Vital Records (see Items 1C, 6C, 7C, 8C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal "Birth" name.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

SAMPLE

1. Type or print clearly in black ink only.
2. No erasures, whiteouts, photocopies, or alterations are allowed.
3. Complete Part I, Items 1A – 7D, with the information as it appears on the original birth record.
4. Complete Part II, Items 8A – 14, with the information as it should appear on the new record.
4. Read the affidavit statement before signing Items 15A and 16A.
5. Do not complete Items 17 and 18. This space is reserved for State Registrar use only.
6. For possible future transactions with the Social Security Administration or the Department of Motor Vehicles, you should keep copies of all documents that you submit to our office. Once your child's new birth certificate is prepared, all supporting documents are sealed by our office and are not available to the public. A court order is required to unseal the record.
7. Make check or money order payable to CDPH - Vital Records. Mail this form with the required fee(s) and supporting documentation (copy of POP Form, Marriage Certificate, or Declaration of State Registered Domestic Partnership) to:

California Department of Public Health - Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410