



Delayed Registration Of Birth



Upon request, this document will be made available in Braille, large print, audiocassette, or computer disk. To obtain a copy in one of these alternate formats, please call or write:

California Department of Public Health
Vital Records - M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410
Telephone: (916) 445-2684
California Relay: 711/1-800-735-2929

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx>

January 2015

Delayed Registration of Birth

My birth (or my child's birth) was never registered. How can I get a birth certificate?

If you (or your child) were born in California, and the birth was never registered:

- **If Your Child is Over One Year Old:** You can file an Application for Delayed Registration of Birth (VS 85 form) with our office.
- **If Your Child is Less Than One Year Old:** Register the birth through the local registrar of births in the county where the child was born.

You can also petition the Superior Court to judicially establish the fact of birth.

If you want more information about the "court" process, you can download our pamphlet (Court Order Delayed Registration of Birth) from our website, or you can call our Customer Service Unit at (916) 445-2684 and we will mail you a copy.

What is a Delayed Registration of Birth, and how is it different from a regular birth certificate?

- A Delayed Registration of Birth is a way to register a California birth when the birth was not registered within the first year.
 - Unlike regular birth certificates, delayed birth certificates are not accepted as evidence in any proceeding involving estates of decedents, or in any proceeding to establish heirship, unless the affidavit of at least one person who knew the facts was filed at the time the delayed birth certificate was registered.
-

Who can apply for a delayed birth certificate?

- Only the person whose birth is being registered, if he or she is at least 18 years of age at the time application is made.
 - If the person whose birth is being registered is under 18 at the time application is made, the application may be filed only by his or her mother/parent, father/parent, legal guardian, or the attending physician or principal attendant at birth.
-

Do I need to provide proof that I was born in California when applying for a delayed certificate?

Yes. Health and Safety Code Section 102585 requires that one of the following options of evidence and affidavits be provided to substantiate a delayed registration of birth:

- Two pieces of documentary evidence, at least one of which shall include the parents' names (one or both parents). (Only one document can be submitted for each item on the list at the bottom of this page – you cannot submit two of the same type of document.)
- One piece of documentary evidence, and one affidavit signed by the physician or other principal attendant. (The signed affidavit must be included on the bottom of the VS 85 form – and not as a separate document.)
- One piece of documentary evidence, and two affidavits signed by either the mother/parent, father/parent, or other persons having knowledge of the facts of birth (persons signing the affidavit must have been at least 5 years old at the time of the birth). (The signed affidavits must be included on the bottom of the VS 85 form – and not as a separate document.)

What is meant by “documentary evidence?”

Health and Safety Code Section 102580 defines documentary evidence required for delayed registration of birth as:

“...original or certified copy of a record that was executed at least five years prior to the date of application, and that substantiates the date and place of birth of the person whose birth is being registered”;

“except that if the person whose birth is being registered is under 12 years of age, the record shall have been executed only at least two years before the date of application.”

What are examples of acceptable forms of documentary evidence?

Listed below are some examples of acceptable documentary evidence. Our office contacts the issuing agency to verify documents that are submitted as evidence.

- Photocopy of hospital birth records. ¹
- Baptismal Certificate or Other Church Records.
- Photocopy of school registration or transcript. ²
- Photocopy of U.S. census record.
- Original Social Security Numident printout (not a social security **card**). ³
- Photocopy of military service record (DD 214 form).
- Certified copy of voter registration card.
- Certified copy of birth certificate of applicant's child.
- Certified copy of marriage certificate (county- or state-issued).
- Newspaper notice of birth (entire page from newspaper, which includes the date published and the name of the newspaper).

(Continued)

What are examples of acceptable forms of documentary evidence?

(Continued)

Important Information



Important: In order for these records to be acceptable, the law says **each** record must show **both** the date **and** place of birth. Documents submitted must also include the **date the document was established** (date must be at least 5 years prior to date of application for delayed birth registration; for children 2 thru 11, the record must have been established at least 2 years prior; for children under 2 years, the record should have been established within the first 6 months of the child’s life).

Ultimately, the affidavits and documentary evidence that is submitted must be sufficient to enable the State Registrar (our office) to determine if the birth did in fact occur at the place and date alleged (Health and Safety Code 102550).

If **each** item of documentary evidence submitted does not show **both** the date **and** place of birth, and **include the date the document was established**, we will return your application to you with a request for additional evidence.

Registering a Delayed Birth for Someone 12 Years or Over: All documents submitted must have been established at least **five** years before the date of application.

Registering a Delayed Birth for Child 2 Thru 11 Years: All documents submitted must have been established at least **two** years before the date of application.

Registering a Delayed Birth for Child Under 2 Years: All documents submitted should have been established within the **first 6 months** of the child’s life.

Our office will keep all supporting documents that are submitted as evidence. Please keep a file copy of all documents submitted to our office.

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- ¹ Hospital birth records and other medical records (not immunization records or “souvenir” copies of birth records) are excellent forms of documentary evidence that reflect parentage, as are Newborn Screening Tests (PKU Tests).
 - ² The school must “seal” the documents in a school envelope – which is not to be opened by the applicant. The applicant must forward the unopened envelope to our office with the delayed registration application. Make sure the school registrar knows the document must show **both** the date **and** place of birth, and must include the date the document was established.

(Continued)

What are examples of acceptable forms of documentary evidence?

(Continued)

³ An original Numident printout issued from the Social Security Administration (SSA) in Baltimore, Maryland, is suggested as a form of documentary evidence that also reflects parentage (some local district offices also issue original Numidents). A Numident is a printout of your application for a social security card and contains your name, date and place of birth, and your parents' names.

You can get a Numident printout by completing the "Request for Numident Printout" at the end of this pamphlet and sending it to SSA with the appropriate fee (see form). If you have any questions about the form or how to get a Numident printout, contact SSA.

If you're using the Numident as documentary evidence to register the birth of a person under 12, the person must have had a social security card for at least two years. If 12 or older, the person must have had a social security card for at least five years.

Are there similar guidelines for affidavits?

Health and Safety Code Section 102575 defines an acceptable affidavit as:

"...a written statement executed under oath by a person who at the time of (applicant's) birth was at least 5 years old and had knowledge of the facts of birth, and shall include the full name of the person whose birth is being registered, the names of his or her parents, the date and place of his or her birth and the basis of the affiant's knowledge of these facts."

(The signed affidavit must be included on the bottom of the VS 85 form – and not as a separate document.)

What if I am not able to provide the required documentary evidence and affidavits?

- If you do not have the information required by Health and Safety Code Section 102585 to document the birth, you must petition the Superior Court to judicially establish the facts of birth.

This can be done in the Superior Court in either the county of residence of the person whose birth is being established (does not have to be in California), or in the California county where the birth was alleged to have occurred.

- If you need to go to court to judicially establish the facts of birth, you should contact our office first to get a copy of the application form (VS 108 – Court Order Delayed Registration of Birth) and our informational pamphlet which explains the process. Call our Customer Service Unit at (916) 445-2684.

You can also go to our website to download the Court Order pamphlet and request copies of the VS 108 form.

What do I submit for a delayed registration?

You will need to complete an original Application for Delayed Registration of Birth, VS 85 form. **Photocopies are not acceptable.** Please see page 7 for information on obtaining an original form.

If any of the required items are not included, your request will be returned to you for correction.

If Your Child Was Born January 1, 1995 or Later and Parents are Married:

- VS 85 form
- \$23 fee
- You **must** include documentary evidence and/or affidavits – as identified previously in this pamphlet.
- You must include a certified copy of the marriage certificate between the biological mother and the father/parent.
- You **must** also include a **notarized** Sworn Statement (see next section for more information).

If Your Child Was Born January 1, 1995 or Later and Parents are in a State Registered Domestic Partnership (SRDP):

- VS 85 form
- \$23 fee
- You **must** include documentary evidence and/or affidavits – as identified previously in this pamphlet.
- You must include a copy of your domestic partnership papers.
- You must also include a **notarized** sworn statement (see the next section for more information).

If Your Child Was Born January 1, 1995 or Later and Parents Aren't Married:

- VS 85 form
- \$23 fee
- You **must** include documentary evidence and/or affidavits – as identified previously in this pamphlet.
- You must include a legible copy of a Declaration of Paternity signed by both parents. (See additional information in this pamphlet regarding the Declaration of Paternity.)

If Your Child Was Born *Before* January 1, 1995:

- VS 85 form
- \$23 fee
- You **must** include documentary evidence and/or affidavits – as identified previously in this pamphlet.
- You must include a **notarized** Sworn Statement (see next section for more information).

Why do I need a Sworn Statement?

Effective July 1, 2003, a new law changed the way we issue birth and death certificates. To help protect against identity theft, the law requires that only an **authorized** person (as defined by law) may receive a Certified Copy of a birth or death record. In order to receive the Certified Copy, you must sign (and notarize) the Sworn Statement declaring under penalty of perjury that you're authorized by law to receive the Certified Copy.

Only one notarized Sworn Statement is required for multiple delayed registrations submitted at the same time. But the Sworn Statement must include the name of each person whose record is being registered, and your relationship to that person.

You **do not have to complete** the attached Application for Certified Copy of Birth Record, but please read the first page for the definition of an "authorized" person before completing the Sworn Statement.

What is a Declaration of Paternity?

The federal Welfare Reform Act requires that for unmarried couples, before the father's name can be added to the child's birth certificate, a Declaration of Paternity (CS 909) must be signed by both parents in the presence of a witness. (This law went into effect January 1, 1995.)

- The Declaration of Paternity is only to be used by **unmarried** couples to establish the paternal relationship with the child.
 - You must use the official triplicate form (photocopies are not acceptable) that is available through local child support agencies. Or you can contact the Paternity Opportunity Program at the number below. The website below will provide you with a listing of local child support agencies in your county.
 - Once you complete the Declaration, **it must be registered with the Department of Child Support Services**. You will need to submit a photocopy of the Declaration to our office (with the VS 85 form) to include the father's name on your child's birth certificate.
 - For more information about establishing paternity, contact the California Department of Child Support Services, Paternity Opportunity Program (POP), at either (toll free) 866-249-0773 or (www.childsup.ca.gov).
-

What is the fee for a delayed registration?

- \$23 – which includes one Certified Copy of the birth certificate.
 - Additional copies are \$25 each.
 - Fees should be paid by check or money order payable to **CDPH Vital Records**. International money orders for out-of-country requests should be payable in U.S. dollars.
-

Where can I get the VS 85 form?

Because the Delayed Registration of Birth form becomes the official record, it must be an **original** form (our office uses a special bond paper). **Photocopies are not acceptable.** One form is included if you receive this pamphlet by mail. If you need additional copies of the VS 85 form, or are accessing this pamphlet on our website:

- Order forms electronically at:
<https://apps.cdph.ca.gov/AutoForm2/default.aspx?af=1184>.
Because of the volume of phone calls we receive, the Internet is usually a faster process for our customers than calling our Customer Service Unit.
- Call our Customer Service Unit at (916) 445-2684.
- You can also get the form from the County Recorder or County Health Department in any California county.

How do I complete the VS 85?

A sample of what a completed form should look like is attached.

- Do not include any marks or notations on the form other than the information requested.
- On the back of the form, indicate the number of copies you want, the fee enclosed, and your name, address, and telephone number.
- Do not write on the bottom part of the form marked "State Registrar Use Only."
- If information is unknown, include a dash (–).

Facts of Birth: Enter information about the person whose birth is being registered.

Father/Parent: If registering a birth that occurred **after** December 31, 1994, we cannot include the father/parent on the birth certificate unless you provide a certified copy of the marriage certificate between the mother/parent and the father/parent (if married), State Registered Domestic Partnership declaration (if in a State Registered Domestic Partnership), or a copy of a Declaration of Paternity signed by both biological parents (if not married).

Mother/Parent: Enter the mother's/parent's information.

Certification of Applicant: Must be signed by the person whose birth is being registered, if he or she is at least 18 years old. If the person is under 18, this must be signed by the mother/parent, father/parent, legal guardian, attending physician, or principal attendant at birth. (A legal guardian must include with the application a copy of the guardianship papers issued by the court.)

Affidavit and Signatures: Persons having knowledge of the facts must complete the supporting affidavits. These persons must have been at least five years old at the time the birth occurred. The signed affidavits must be included on the bottom of the VS 85 form – and not as a separate document.

What makes a VS 85 form “acceptable?”

Important Information

Birth certificates are legal documents that must be able to hold up in any court, unchallenged as to their accuracy and reliability.

Because the bottom portion of the VS 85 form that you submit becomes the actual birth certificate, it must adhere to strict guidelines:

- Every item on the form must be completed.
- **Every entry must be within each field and cannot go outside the lines.**
- The form must be an original, not a photocopy.
- Because the form actually becomes the official record, every word and letter must be extremely clear and legible. **Using a typewriter to complete the form ensures that the information is interpreted clearly.**
- If you are not able to type the form, it is extremely important that you take the extra time to print **very clearly and legibly**. Documents that are not legible will be returned to you to complete again.
- **Only black ink is acceptable.**
- **There cannot be any erasures, whiteout, or alterations.**

How long will it take to get the birth certificate?

The processing time for delayed birth registrations can be located on our website at:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

What if I still have questions?

If you have read this pamphlet thoroughly and still have questions that were not answered, please call our Customer Service Unit at (916) 445-2684. If you are checking the status of your request, please wait until after the processing time has passed before contacting us.

Note to Customer:

We cannot process your request unless you complete both sides of the enclosed amendment form. The information on both sides is important information for our records, and both sides must be completed in order to process your request. Thank you.

* * *

DELAYED REGISTRATION OF BIRTH

STATE OF CALIFORNIA

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL BIRTH RECORD

| | | | | | | |
|----------------------------|---|---|------------|--|---------------------------------|------------------------------|
| FACTS OF BIRTH | 1A. NAME OF CHILD—FIRST | | 1B. MIDDLE | | 1C. LAST | |
| | 2. SEX | 3. DATE OF BIRTH—MM/DD/CCYY | | 4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON ATTENDING THIS BIRTH) | | |
| | 5A. PLACE OF BIRTH—HOSPITAL, STREET, NUMBER, LOCATION | | | 5B. CITY OR TOWN | | 5C. COUNTY |
| FATHER/PARENT | 6A. NAME OF FATHER/PARENT—FIRST | | 6B. MIDDLE | 6C. LAST (BIRTH) | 7. BIRTH STATE/FOREIGN COUNTRY | 8. DATE OF BIRTH—MM/DD/CCYY |
| MOTHER/PARENT | 9A. NAME OF MOTHER/PARENT—FIRST | | 9B. MIDDLE | 9C. LAST (BIRTH) | 10. BIRTH STATE/FOREIGN COUNTRY | 11. DATE OF BIRTH—MM/DD/CCYY |
| CERTIFICATION OF APPLICANT | 12. PRINTED NAME AND SIGNATURE OF APPLICANT | | | 13. CHECK ONE PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PERSON WHOSE BIRTH IS BEING REGISTERED <input type="checkbox"/> ATTENDANT AT BIRTH <input type="checkbox"/> | | |
| | 14. DATE—MM/DD/CCYY | 15. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) | | 16A. DATE OF DEATH—MM/DD/CCYY | 16B. STATE FILE NUMBER | |

IT IS A FELONY TO FILE A FALSE AFFIDAVIT. THERE IS ALSO A CIVIL PENALTY OF \$5,000. "WE HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT WE HAD PERSONAL KNOWLEDGE OF THIS BIRTH AT THE TIME OF OCCURRENCE."

| | | | | | |
|--|--|--|---|--|----------|
| AFFIDAVIT AND SIGNATURES | 17A. PRINTED NAME AND SIGNATURE OF FIRST PERSON | | 17B. RELATIONSHIP/REASON FOR KNOWLEDGE OF BIRTH | | 17C. AGE |
| | 17D. DATE SIGNED—MM/DD/CCYY | 17E. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) | | | |
| CANNOT BE THE SAME PERSON WHO SIGNS IN ITEM 12 | 18A. PRINTED NAME AND SIGNATURE OF SECOND PERSON | | 18B. RELATIONSHIP/REASON FOR KNOWLEDGE OF BIRTH | | 18C. AGE |
| | 18D. DATE SIGNED—MM/DD/CCYY | 18E. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) | | | |

STATE REGISTRAR USE ONLY—EVIDENCE SUBMITTED

| | | | | | |
|--------------------------|---|--|--------------------|-----------------------------|---------------------|
| FACTS OF BIRTH | 19. DOB: _____ POB: _____ F: _____ M: _____ | | | | |
| | DATE RECORDED: _____ | | DATE ISSUED: _____ | | |
| DOCUMENT DESCRIPTION | | | | | |
| | DATE RECORDED: _____ | | DATE ISSUED: _____ | | |
| FACTS OF BIRTH | 20. DOB: _____ POB: _____ F: _____ M: _____ | | | | |
| | DATE RECORDED: _____ | | DATE ISSUED: _____ | | |
| DOCUMENT DESCRIPTION | | | | | |
| | DATE RECORDED: _____ | | DATE ISSUED: _____ | | |
| FACTS OF BIRTH | 21. DOB: _____ POB: _____ F: _____ M: _____ | | | | |
| | DATE RECORDED: _____ | | DATE ISSUED: _____ | | |
| DOCUMENT DESCRIPTION | | | | | |
| | DATE RECORDED: _____ | | DATE ISSUED: _____ | | |
| STATE REGISTRAR USE ONLY | I HEREBY CERTIFY THAT NO PRIOR CERTIFICATE HAS BEEN FOUND ON FILE IN THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS, FOR THE ABOVE REGISTRANT. THE EVIDENCE HAS BEEN REVIEWED AND SAID EVIDENCE SUBSTANTIATES THE FACTS AS SET FORTH IN THE FOREGOING ABSTRACT. BIRTH RECORDS REGISTERED ONE YEAR AFTER THE YEAR OF EVENT ARE NOT "PRIMA FACIE" EVIDENCE OF THE FACTS STATED (HEALTH AND SAFETY CODE, SECTION 103550). | | | 22. OFFICE OF VITAL RECORDS | 23. DATE REGISTERED |

CONFIDENTIAL FOR PUBLIC HEALTH USE ONLY

| | | | | |
|----------------|--|---|--|------------------------------------|
| GENETIC FATHER | 25A. HISPANIC—IF YES, SPECIFY ORIGIN <input type="checkbox"/> YES _____ <input type="checkbox"/> NO | 25B. RACE—Up to 3 Races/Ethnicities May Be Listed | | 26. EDUCATION—Highest Level/Degree |
| | 27A. HISPANIC—IF YES, SPECIFY ORIGIN <input type="checkbox"/> YES _____ <input type="checkbox"/> NO | 27B. RACE—Up to 3 Races/Ethnicities May Be Listed | | 28. EDUCATION—Highest Level/Degree |

APPLICATION FOR DELAYED REGISTRATION OF BIRTH

A fee is required for births registered one year after the date of event. The fee includes one certified copy of the certificate. There is a fee for each additional certified copy requested. 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 filing the Delayed Registration of Birth and one certified copy.

Enclosed is the fee of \$ _____ for an additional certified copy(ies) of the Delayed Registration of Birth.

Printed Name of Applicant _____

Mailing Address of Applicant _____

Telephone Number () _____

City, State, Zip Code _____

SAMPLE

INSTRUCTIONS

Do not apply for a Delayed Registration of Birth if you already have a registered birth certificate in California.

I. SIGNATURES REQUIRED

The application must be signed by the person whose birth is being registered if he/she is 18 years of age or older at the time of filing the application. If the registrant is not 18 years of age or older, the application must be signed by his/her mother, father, legal guardian, or attending physician or principal attendant at birth.

II. "AFFIDAVITS" AND "DOCUMENTARY EVIDENCE" DEFINED

An "affidavit" is defined as a written statement executed under oath by a person who, at the time of the applicant's birth, was at least five years old and had knowledge of the facts of birth. "Documentary evidence" is defined as original documents or certified copies of documents which show birth information.

III. AFFIDAVITS AND DOCUMENTS REQUIRED

A. If the person whose birth is being registered is under 12 years of age:

- Two persons having knowledge of the facts of the birth and who were at least five years old at the time of this event must sign the affidavit (Items 17A and 18A). If the persons signing are not relatives of the applicant, they must specify the reason for having knowledge of the birth at the time of occurrence, e.g., "witnessed birth," etc. One document which confirms the date and place of birth and which is dated more than two years prior to the date of this application is required.

OR

- Two documents over two years old that confirm the date and place of birth are required. One document must confirm parentage.

B. If the person whose birth is being registered is 12 years of age or older:

- Two persons having knowledge of the facts of the birth and who were at least five years old at the time of the event must sign the affidavit (Items 17A and 18A). One document which confirms the date and place of birth and which is dated more than five years prior to the date of this application is required.

OR

- Two documents that confirm the date and place of birth and that are dated more than five years prior to the date of this application are required. One document must confirm parentage.

IV. Suggested documents that may verify date and place of birth or parentage of the person whose birth is being registered are listed below. (Health and Safety Code Section 102580.)

- | | |
|--|--|
| 1. Certified Copy of Birth Certificate of Applicant's Child | 7. Certified Copy of Voter Registration Application |
| 2. Certified Copy of Applicant's Certificate of Registry of Marriage | 8. Baptismal Certificate or Other Church Records |
| 3. U.S. Census Record: A form requesting a search of the Census records (for records prior to 1950) | 9. Newspaper Notice of Birth (the entire page of the newspaper) |
| 4. DD214 (Military Service Record) | 10. School Registration Form (the form must be put into an envelope and sealed by the School Registrar to be opened only by Office of Vital Records employees) |
| 5. Hospital Records of Birth or Other Medical Records | |
| 6. Social Security Numident: This may be obtained from the Social Security Administration in Baltimore, MD | |

V. When properly completed and signed, mail this form, documents, notarized Sworn Statement, and the required fees to the California Department of Public Health, Office of Vital Records, MS 5103, P.O. Box 997410, Sacramento, CA 95899-7410.



REQUEST FOR NUMIDENT PRINTOUT

To: Social Security Administration
OEO FOIA Workgroup
300 N. Green Street
P. O. Box 33022
Baltimore, MD 21290-3022

Do not send this form to the California Office of Vital Records. It must be sent to SSA for a copy of your numident. (See back of form for additional information.)

To process your request for a copy of your Numident printout, we need you to provide the following information:

_____ (Name) _____ (Social Security Number) _____ (Date of Birth)

If you do not know your Social Security number, please provide the following information to the above address:

Name: _____

Date of Birth: _____

Place of Birth: _____

Mother's Maiden Name: _____

Father's Name: _____

Sex: _____

Mailing address: _____

Daytime Phone #: (____) ____ - _____

I am the individual to whom the record pertains (or a person who is authorized to sign this letter on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

Signature: _____ Date: _____

(Continued on Back)

FEES; \$16.00 if SSN is known, \$18.00 if SSN is not known.

PAYMENT OPTIONS:

Check

Money Order

Credit Card (MasterCard, VISA, Discover, American Express, Diner's Club)

Payment must be enclosed with request.

CREDIT CARD INFORMATION:

Type of Credit Card _____

Credit Card Holder's Name & SSN _____

Credit Card Holder's Address _____

Daytime Telephone Number (____) ____ - _____

Amount to be charged \$ _____

Credit Card Number _____

Expiration Date (month and year) _____

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **“Informational, Not A Valid Document to Establish Identity.”**

Please indicate the type of certified copy you are requesting:

| | |
|---|--|
| <input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.) | <input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.” (A Sworn Statement does not need to be provided.) |
|---|--|

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

Fee: **\$25 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. **(Legal guardian must provide documentation.)**
- A party entitled to receive the record as a result of a court order or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. **(Please include a copy of the court order.)**
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate.
- Appointed rights in a power of attorney, or an executor of the registrant’s estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

PLEASE ATTACH CHECK HERE

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today’s Date:

| | | | | |
|--|----------|--|--------------------|------------------|
| Agency Name (If Applicable) | | Agency Case Number | Inmate ID Number | |
| Print Name of Applicant | | Signature of Applicant | Purpose of Request | |
| Mailing Address – Number, Street | | Amount Enclosed – DO NOT SEND CASH \$ _____ Check \$ _____ Money Order | | Number of Copies |
| City | | Name of Person Receiving Copies, if Different from Applicant | | |
| State/Province | ZIP Code | Mailing Address for Copies, if Different from Applicant | | |
| Daytime Telephone (include area code) () | Country | City | State | ZIP Code |

BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted: No Yes (If Yes, see #4 on Page 2)
Complete the information below as shown on the birth record, to the best of your knowledge.

| | | | | |
|--|--|-------------|--|--|
| FIRST Name | | MIDDLE Name | LAST Name | |
| City of Birth (must be in California) | | | County of Birth | |
| Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth) | | | Sex ___Female ___Male | |
| Father/Parent FIRST Name | | MIDDLE Name | LAST Name (Before Marriage/Domestic Partnership) | |
| Mother/Parent FIRST Name | | MIDDLE Name | LAST Name (Before Marriage/Domestic Partnership) | |

INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

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

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

Confidential Information on Birth Record: some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of our website at: www.cdph.ca.gov. Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

5. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

6. Submit \$25 for **each** copy requested. If no birth record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

7. Mail completed applications with the fee(s) to:

California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

BIRTH

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Applicant’s Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

| Name of Person Listed on Certificate | Applicant’s Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application) |
|--------------------------------------|--|
| | |
| | |
| | |
| | |

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant’s Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

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.

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
 (insert name and title of the officer)

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(ies), 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.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC

CALIFORNIA COUNTY RECORDERS

| | |
|--------------------------------|--|
| Alameda..... | 1106 Madison Street, First Floor, Oakland, CA 94607, (510) 272-6362 |
| Alpine..... | 99 Water Street, or P.O. Box 155, Markleeville, CA 96120, (530) 694-2283 |
| Amador..... | 810 Court Street, Jackson, CA 95642, (209) 223-6468 |
| Butte..... | 25 County Center Drive, Suite 105, Oroville, CA 95965, (530) 538-7691 |
| Calaveras..... | 891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372 |
| Colusa..... | 546 Jay Street, Suite 200, Colusa, CA 95932, (530) 458-0500 |
| Contra Costa..... | 555 Escobar Street, or P.O. Box 350, Martinez, CA 94553, (925) 335-7910 |
| Del Norte..... | 981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216 |
| El Dorado..... | 360 Fair Lane, Placerville, CA 95667, (530) 621-5490 |
| Fresno..... | 2281 Tulare Street, Room 302, or P.O. Box 766, Fresno, CA 93712, (559) 600-3476 |
| Glenn..... | 516 West Sycamore Street, Second Floor, Willows, CA 95988, (530) 934-6412 |
| Humboldt..... | 825 Fifth Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382 |
| Imperial..... | 940 West Main Street, Suite 202, El Centro, CA 92243, (760) 482-4272 |
| Inyo..... | 168 North Edwards Street, or P.O. Drawer F, Independence, CA 93526, (760) 878-0222 |
| Kern..... | 1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6400 |
| Kings..... | Government Center, 1400 West Lacey Boulevard, Hanford, CA 93230, (559) 582-3211, ext. 2470 |
| Lake..... | Courthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293 |
| Lassen..... | 220 South Lassen Street, Suite 5, Susanville, CA 96130, (530) 251-8234 |
| Los Angeles..... | 12400 Imperial Highway, Norwalk, CA 90650, (800) 201-8999 or (562) 462-2137 |
| Madera..... | 200 West Fourth Street, Madera, CA 93637, (559) 675-7724 |
| Marin..... | 3501 Civic Center Drive, Suite 232, San Rafael, CA 94903, (415) 473-6094 |
| Mariposa..... | 4982 Tenth Street, or P.O. Box 35, Mariposa, CA 95338, (209) 966-5719 |
| Mendocino..... | 501 Low Gap Road, Room 1020, Ukiah, CA 95482, (707) 463-4376 |
| Merced..... | 2222 M Street, Merced, CA 95340, (209) 385-7627 |
| Modoc..... | 108 E. Modoc Street, Alturas, CA 96101, (530) 233-6205 |
| Mono..... | 74 School Street, Annex 1, or P.O. Box 237, Bridgeport, CA 93517, (760) 932-5530 |
| Monterey..... | 168 West Alisal Street, First Floor, or P.O. Box 29, Salinas, CA 93902-0570, (831) 755-5041 |
| Napa..... | 900 Coombs Street, Room 116, or P.O. Box 298, Napa, CA 94559-0298, (707) 253-4105 |
| Nevada..... | 950 Maidu Avenue, Suite 210, Nevada City, CA 95959, (530) 265-1221 |
| Orange..... | 12 Civic Center Plaza, Room 101, Santa Ana, CA 92701, (714) 834-2500 |
| Placer..... | 2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600 |
| Plumas..... | 520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218 or (530) 283-6256 |
| Riverside..... | 2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92502-0751, (951) 955-6200 |
| Sacramento..... | 600 Eighth Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334 |
| San Benito..... | County Courthouse, 440 Fifth Street, Room 206, Hollister, CA 95023, (831) 636-4046 |
| San Bernardino..... | 222 West Hospitality Lane, First Floor, San Bernardino, CA 92415-0022, (855) 732-2575 |
| San Diego..... | 1600 Pacific Highway, Suite 260, San Diego, CA 92101, (619) 237-0502 |
| San Francisco..... | One Dr. Carlton B. Goodlett Place, City Hall, Room 190, San Francisco, CA 94102, (415) 554-5596* |
| San Francisco Health Dept..... | 101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-2700** |
| San Joaquin..... | 44 North San Joaquin Street, Suite 260, or P.O. Box 1968, Stockton, CA 95201, (209) 468-3939 |
| San Luis Obispo..... | 1055 Monterey Street, Room D120, San Luis Obispo, CA 93408, (805) 781-5080 |
| San Mateo..... | 555 County Center, First Floor, Redwood City, CA 94063-1665, (650) 363-4500 |
| Santa Barbara..... | 1100 Anacapa Street, or P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250 |
| Santa Clara..... | 70 West Hedding Street, San Jose, CA 95110, (408) 299-5688 |
| Santa Cruz..... | 701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800 |
| Shasta..... | 1450 Court Street, Suite 208, Redding, CA 96001-1670, (530) 225-5678 |
| Sierra..... | 100 Courthouse Square, Room 11, or P.O. Drawer D, Downieville, CA 95936, (530) 289-3295 |
| Siskiyou..... | 311 Fourth Street, Room 107, Yreka, CA 96097, (530) 842-8065 |
| Solano..... | 675 Texas Street, Suite 2700, Fairfield, CA 94533-6338, (707) 784-6294 |
| Sonoma..... | 585 Fiscal Dive, Room 103-F, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2651 |
| Stanislaus..... | 1021 I Street, Suite 101, Modesto, CA 95354-0847, (209) 525-5250 |
| Sutter..... | 433 Second Street, Yuba City, CA 95991, (530) 822-7134 |
| Tehama..... | 633 Washington Street, Room 11, or P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350 |
| Trinity..... | 11 Court Street, or P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215 |
| Tulare..... | County Civic Center, 221 South Mooney Boulevard, Room 103, Visalia, CA 93291, (559) 636-5050 |
| Tuolumne..... | 2 South Green Street, Third Floor, Sonora, CA 95370, (209) 533-5531 |
| Ventura..... | 800 South Victoria Avenue, Ventura, CA 93009-1260, (805) 654-3665 |
| Yolo..... | 625 Court Street, Room B01, or P.O. Box 1130, Woodland, CA 95776-1130, (530) 666-8130 |
| Yuba..... | 915 Eighth Street, Suite 107, Marysville, CA 95901, (530) 749-7850 |

* Public Marriages

** Birth and Death Certificates