Supplemental Name Report – 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 2014

Supplemental Name Report – Birth

What is a Supplemental Name Report – Birth?

When a Certificate of Live Birth is registered without the first, middle, and/or last name entered on the certificate, a **Supplemental Name Report – Birth** form may be used to add the names.

However, this form cannot be used to add to or change a name already listed on a Certificate of Live Birth. To add to or change a name requires a Court Ordered Change of Name. Please see the pamphlet entitled "Amending a Birth Certificate After A Court Order Name Change" for additional information on changing names.

My spouse and I could not decide on our child's last name so we left the last name field blank.

If the first, middle, and/or last names of the child are not listed on the child's birth certificate, the local registrar in the county where the birth took place is required to supply you with a **Supplemental Name Report – Birth** form (VS 107) (Health and Safety Code Section 103325).

How do we add the last name to my child's birth certificate now?

To add the last name to the child's birth certificate, simply fill out the **Supplemental Name Report – Birth** and mail the form along with the necessary fee to the address printed on the back of the report.

Will my child's last name appear on his/her original birth certificate?

The State of California is not authorized to alter a birth certificate once it is registered. The **Supplemental Name Report – Birth** will be attached to the Certificate of Live Birth making it a two-page document.

What is the fee for a Supplemental Name Report?

There is no fee for a **Supplemental Name Report – Birth** if it is filed within the first year of birth (but you will not get a copy of the amended record). If the **Supplemental Name Report – Birth** is filed more than 12 months after the date of birth, a $23 fee is required, but one certified copy is included in the $23 fee. Additional certified copies of the birth certificate are $25 each.

Can I use the Supplemental Name Report – Birth to change just the middle name?

The **Supplemental Name Report – Birth** is strictly for adding a name that was not on the original birth certificate at the time of registration. To change or add to a name, you are required to go through the Court Order Change of Name process.

Where can I obtain a copy of the Supplemental Name Report – Birth (VS 107 form)?

Because the **Supplemental Name Report – Birth** becomes part of the official record, it must be an ***original*** form (our office uses special bond paper). ***Photocopies of the form are not acceptable.*** One application form is included if you received this pamphlet by mail. If you need additional copies of the VS 107 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.

What do I submit to amend the birth certificate?

- You will need to complete the **Supplemental Name Report – Birth** (VS 107 form).
- If you are requesting a certified copy of the amended record, you ***must*** include a notarized Sworn Statement (see the next section for more information).

  If available, please include a photocopy of the current birth certificate. Although it is not required, this will help identify the exact record to be amended.
- Mail the following items to our office using the address on the front of this pamphlet:
  - Completed VS 107 form.
  - ***Notarized*** Sworn Statement (if certified copy is requested).
  - Photocopy of current birth certificate (if available).
  - Appropriate fee (if required)
- If any of the required items are not included, your request will be returned to you for correction.

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 are authorized by law to receive the Certified Copy.

Only one notarized Sworn Statement is required for multiple amendments submitted at the same time. But the Sworn Statement must include the name of each person whose record is being amended, 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.

How do I complete the VS 107 form?

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

FULL NAME OF CHILD: Enter the information, ***as it should appear*** on the birth certificate.

PART I:

- Complete the information ***exactly*** as it appears on the current birth certificate.

  Note: If you need a copy of the current birth certificate to complete this section, you can get a copy by completing the Application for Certified Copy of Birth Certificate (attached) and submitting the application, notarized Sworn Statement, and $25 fee to our office.

PART II:

- The father/parent needs to complete items 8A-8F.
- The mother/parent needs to complete items 9A-9F.

  Note: At least one parent must sign. If only one parent is available to sign, one other person having knowledge of the facts must complete items 10-14.

What makes a VS 107 form "acceptable?"

Important Information

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

Because the amendment you submit becomes an actual part of this legal document, it must adhere to strict guidelines:

- Every item on the amendment must be completed.
- The amendment form must be an original, not a photocopy.
- Because the amendment form becomes part of 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 amendment, 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 process the amendment?

The processing time for amendments can be located on our website at:

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

Once I file the amendment, what happens to the original record?

- The original record remains unchanged, and the amendment becomes page 2 of the birth certificate – making it a two-page document (per Health and Safety Code Sections 102140 and 103255).
- Anyone receiving a copy after the amendment is applied will receive a copy of both documents.

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.

* * *

SUPPLEMENTAL NAME REPORT – BIRTH

LEAVE BLANK
STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

LEAVE BLANK
LOCAL REGISTRATION NUMBER

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

FULL NAME OF CHILD	1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST (BIRTH)
	Marie	Nichole	Brown

PART I ADDITIONAL INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD

2. SEX	3A. THIS BIRTH SINGLE, TWIN, ETC	3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC
Female	Single	

4A. DATE OF BIRTH—MM/DD/CCYY	4B. HOUR (24 HOUR CLOCK TIME)
09/09/2008	1655

5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY	5B. ADDRESS—STREET and NUMBER, OR LOCATION
Kaiser Foundation Hospital	6600 Bruceville Road

6A. FULL NAME OF FATHER/PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)
Samuel	Edward	Brown

7A. FULL NAME OF MOTHER/PARENT—FIRST	7B. MIDDLE	7C. LAST (BIRTH)
Cynthia	Marie	Jones

SAMPLE

PART II AFFIDAVITS AND SIGNATURES

AFFIDAVITS AND SIGNATURES OF PARENT(S)

AT LEAST ONE PARENT MUST SIGN

I/WE, THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE CHILD GIVEN ABOVE IS TRUE AND CORRECT.

8A. SIGNATURE OF FATHER/PARENT	8B. DATE SIGNED—MM/DD/CCYY
▶ Samuel Brown	01/06/2009

8C. ADDRESS—STREET and NUMBER	8D. CITY	8E. STATE	8F. ZIP CODE
1234 Main Street	Sacramento	CA	95817

9A. SIGNATURE OF MOTHER/PARENT	9B. DATE SIGNED—MM/DD/CCYY
▶ Cynthia Jones-Brown	01/06/2009

9C. ADDRESS—STREET and NUMBER	9D. CITY	9E. STATE	9F. ZIP CODE
1234 Main Street	Sacramento	CA	95817

IF ONLY ONE PARENT IS AVAILABLE TO SIGN, ONE OTHER PERSON HAVING KNOWLEDGE OF THE FACTS MUST ALSO SIGN

I, THE UNDERSIGNED, HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

10. SIGNATURE OF PERSON HAVING KNOWLEDGE OF THE FACTS	11. PRINTED NAME	12. DATE SIGNED—MM/DD/CCYY
▶		

13. RELATIONSHIP TO PERSON IN PART I	14. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)

STATE REGISTRAR USE ONLY

15. OFFICE OF VITAL RECORDS	16. DATE ACCEPTED FOR REGISTRATION

APPLICATION TO COMPLETE NAME OF CHILD BY SUPPLEMENTAL NAME REPORT – BIRTH

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

If an *acceptable* application for completing the name of the child is registered within one year of the date of the event, there is no processing fee; however, there is a fee required for each certified copy ordered.

Enclosed is the fee of $_____ for a certified copy of the newly amended record.

If an *acceptable* application for completing the name of the child is registered one year or more after the date of the event, there is a fee for filing the Supplemental Name Report – Birth, which includes one certified copy. There is a fee for each additional certified 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 $ 23.00 for filing the Supplemental Name Report – Birth and one certified copy of the newly amended record.

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

SAMPLE

Cynthia Jones-Brown
Printed Name of Applicant

1234 Main Street
Mailing Address of Applicant

Telephone Number (916) 555-5555

Sacramento, CA 95817
City, State, ZIP Code

GENERAL INFORMATION

1. The original birth certificate cannot be altered.
2. ***The Supplemental Name Report becomes a part of the original birth record, so please type or print clearly in black ink only.***
3. Your certified copy will include a copy of the original certificate with a copy of this form.
4. ***The certified copy of the birth certificate and the Supplemental Name Report – Birth must remain together for the certified copy to be valid.***

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

If your child's birth certificate was registered without a first, middle, and/or last name, complete this form to add the names as instructed below:

1. **This form becomes a part of the original birth record – type or print clearly in black ink only.**
2. No erasures, whiteouts, photocopies, or alterations are allowed.
3. Enter the complete name(s) of the child in Items 1A – 1C.
4. Complete Part I, Items 2 – 7C, with the information as it appears on the original record.
5. Read the certification statement in Part II before signing below in Items 8A and 9A. If two parents are listed on the child's original birth certificate, both parents should sign this form. If only one parent is available to sign, one other person having personal knowledge of the facts must sign in Item 10.
6. Do not complete Items 15 and 16. This space is reserved for State or Local Registrar Use Only.
7. Make check or money order payable to the Office of Vital Records. Mail this form with the required fee(s) to:

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

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:

☐ 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**.)

☐ 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).

PLEASE ATTACH CHECK HERE

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.)**

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

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

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……...	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) 335-7900
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, Room 1002, Norwalk, CA 90650, (562) 462-2137 or 2101 or 2102
Madera…….	200 West Fourth Street, Madera, CA 93637, (559) 675-7724
Marin……	3501 Civic Center Drive, Room 234, 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) 486-7000
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 95023-3896, (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 95201-1968, (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 108, 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, 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) 749-7851

* Public Marriages
** Birth and Death Certificates

Rev 01/16/14