

SUPPLEMENTAL NAME REPORT – BIRTH

STATE FILE NUMBER _____

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

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)
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PART I ADDITIONAL INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON CURRENT RECORD	2. SEX	3A. THIS BIRTH SINGLE, TWIN, ETC	3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC	
	4A. DATE OF BIRTH—MM/DD/CCYY		4B. HOUR (24 HOUR CLOCK TIME)	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. ADDRESS—STREET and NUMBER, OR LOCATION	
	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 AFFIDAVITS AND SIGNATURES

	I/WE, THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE CHILD GIVEN ABOVE IS TRUE AND CORRECT.			
AFFIDAVITS AND SIGNATURES OF PARENT(S)	8A. SIGNATURE OF PARENT ▶		8B. DATE SIGNED—MM/DD/CCYY	
	8C. ADDRESS—STREET and NUMBER	8D. CITY	8E. STATE	8F. ZIP CODE
AT LEAST ONE PARENT MUST SIGN	9A. SIGNATURE OF PARENT ▶		9B. DATE SIGNED—MM/DD/CCYY	
	9C. ADDRESS—STREET and NUMBER	9D. CITY	9E. STATE	9F. ZIP CODE
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. CDPH - 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 \$ _____ 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.

Printed Name of Applicant _____

Mailing Address of Applicant _____

Telephone Number () _____

City, State, ZIP Code _____

Email Address: _____

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. A **Notarized Sworn Statement** is required when requesting a certified authorized copy of the amended certificate. For more information please visit our website at www.cdph.ca.gov.
2. **This form becomes a part of the original birth record – type or print clearly in black ink only.**
3. No erasures, whiteouts, photocopies, or alterations are allowed.
4. Enter the complete name(s) of the child in Items 1A – 1C.
5. Complete Part I, Items 2 – 7, with the information as it appears on the current certificate.
6. 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.
7. Do not complete Items 15 and 16. This space is reserved for State or Local Registrar Use Only.
8. Make check or money order payable to CDPH - Vital Records. Mail this form with the required fee(s) to:

California Department of Public Health
Vital Records - Amendments - MS 5105
P.O. Box 997410
Sacramento, CA 95899-7410



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