State of California—Health and Human Services Agency

California Department of Public Health

PARENT REQUEST TO HAVE NEWBORN BLOOD SPECIMEN CARD DESTROYED

If mother is unable to sign, please enclose child's state-issued birth certificate with official seal.
(It will be returned to parent after it has been reviewed.)

Parent or Parents Making the Request:

Mother's Full Name
(including maiden name): _____

Mother's Date of Birth: _____

Mother's e-mail address: _____

Father's Name (Last, First): _____

Father's e-mail address: _____

Child's Information:

Newborn's Name (Last, First): _____

Date of Birth (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female

Hospital of Birth: _____

Address of child at time of birth: _____

_____

Current Mailing Address: _____
(if different from above)

_____

Phone: ( ) _____ - _____

I understand that any person who requests or obtains any record containing personal information from the California Department of Public Health under false pretenses will be guilty of a misdemeanor and fined up to $5,000 or imprisoned up to one year or both.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

(Parent or Legal Guardian should sign only if request is for a minor under 18 years of age)

Mail completed form to:

California Biobank Program Coordinator
CDPH – GDSP
850 Marina Bay Pkwy., F175, MS 8200
Richmond, CA 94804
e-mail: CaliforniaBiobank@cdph.ca.gov

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