



# Delayed Registration of Birth

Center for Health Statistics and Informatics – California Vital Records  
Effective January 2022

## Introduction

The delayed registration of birth process is used to register California births that were not registered within the first year of birth. A statewide search to confirm there is no registered California birth certificate is recommended.

- Please visit the CDPH-VR website at [www.cdph.ca.gov](http://www.cdph.ca.gov) to request a statewide search.



- Please see [page 7](#) for a list of frequently asked questions and answers.
- If the requirements outlined in this pamphlet are not met, the applicant may be required to obtain a court order. Please contact the Local Registrar in the county where the child was born to register a birth certificate within the first year of the child's birth and review the [Court Order Delayed Pamphlet](#) to register birth certificates one year or more from the date of birth.
- For other amendment types, please visit the CDPH-VR website at [www.cdph.ca.gov](http://www.cdph.ca.gov).

## What to Submit and Mailing Address

To register a delayed registration of birth, please submit:

- **Properly Completed VS 85 Form** (See Form Guidelines beginning on [page 3](#).)
- **Parentage Requirement** (Only if child was born after January 1995. See [page 5](#).)
- **Documentary Evidence** (See requirements on bottom section of [page 5](#).)
- **Notarized Sworn Statement** (Only if requesting authorized copy. See [page 6](#).)
- **Appropriate Fee** (See requirements on top of [page 6](#).)

Mail your packet to the address below:

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



- Delayed Registration of Birth certificates are returned via standard mail and do not contain a tracking number.
- You may provide a prepaid self-addressed envelope with your request for CDPH-VR to use and mail the amended certificate back to you. (Not Required)

## Delayed Registration of Birth



### VS 85 - Delayed Registration of Birth Checklist

To assist in the registration of your request, please submit the following:

- Properly Completed VS 85 Form**
  - Form is written in black ink and does not contain alterations or writing in the margins.
  - Facts of Birth section is completely filled out.
  - Parent section is completely filled out.  
*Note: If field is left blank intentionally, enter a dash (-). If unknown, enter "unknown."*
  - The person whose birth is being registered is 17 years old or younger.  
**REQUIRED:** *The applicant must be the child's parent, legal guardian, or the attending physician or principal attendant at birth.*
  - The person whose birth is being registered is 18 years old or older.  
**REQUIRED:** *The applicant must be the person whose birth is being registered.*
  - The applicant completed items 12, 13, 14, and 15 in the Certification of Applicant section.  
**REQUIRED:** *Item 12 has both the printed name and signature of the applicant.*
  - Persons with knowledge of the facts of birth are signing the Affidavit and Signatures section.  
**REQUIRED:** *Items 17A and 18A contain both a printed name and signature. Items 17C and 18C provide the person's current age.*
- Documentary Evidence Requirements**

Documentary evidence must provide the child's date and place of birth and must have been established at least five years prior to application, (two years if child is under 12 years of age).

  - Only the applicant signed the VS 85 form. **REQUIRED:** *Two pieces of documentary evidence are required, one of which identifies parentage.*
  - The physician or other principal attendant signed the Affidavit and Signatures section.  
**REQUIRED:** *One piece of documentary evidence is required.*
  - Two persons with knowledge of the facts signed the Affidavit and Signatures section.  
**REQUIRED:** *One piece of documentary evidence is required.*
- Required Only if the Child Was Born On or After January 1, 1995**

One of the following must be completed to include father/parent not giving birth's name.

  - The parents are married to each other. **REQUIRED:** *Enclosed is a photocopy of the parents' marriage certificate.*
  - The parents are in a State Registered Domestic Partnership (SRDP). **REQUIRED:** *Enclosed is a photocopy of the parents' SRDP Declaration.*
  - The parents are neither married to each other nor in an SRDP. **REQUIRED:** *Enclosed is a copy of the filed Voluntary Declaration of Parentage (VDOP) form.*
- Payment**
  - I have enclosed a check/money order (*payable to CDPH Vital Records*) for twenty-six dollars (\$26) for the registration of the delayed certificate, which includes one certified copy of the registered certificate.
  - I would like additional copies of the delayed certificate and have enclosed a check/money order (*payable to CDPH Vital Records*) for twenty-nine dollars (\$29) per additional copy.
- Notarized Sworn Statement**

I have requested copies of the delayed certificate and would the copies to be authorized copies.

  - I have enclosed a notarized sworn statement.

# Delayed Registration of Birth

## VS 85 Form Guidelines

Please adhere to the following guidelines on how to complete the *Delayed Registration of Birth* (VS 85) form to prevent delays in the processing of your request.

### General Information

<b>DELAYED REGISTRATION OF BIRTH</b>		
STATE OF CALIFORNIA		
STATE FILE NUMBER	NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS	LOCAL REGISTRATION NUMBER
TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS FORM BECOMES THE OFFICIAL BIRTH RECORD		

The VS 85 form becomes the official birth record after registration, and must:

- Be completed in **black ink**.
- **Not contain any** write-overs, alterations, drawings, accents, or other marks to indicate pronunciation or to distinguish letters in some way, such as è, ñ, or ç.

### Facts of Birth

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	5D. STATE

The facts of birth section must be fully completed. Please see additional information below:


- Box 4 may be left blank if a physician did not attend the birth.
- Box 5A may contain a cross-street if the person was born in a moving vehicle.

### Parent Data

PARENT	6A. NAME OF PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTH STATE/ FOREIGN COUNTRY	8. DATE OF BIRTH— MM/DD/CCYY
	PARENT	9A. NAME OF PARENT / PARENT GIVING BIRTH—FIRST	9B. MIDDLE	9C. LAST (BIRTH)	9D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTH STATE/ FOREIGN COUNTRY

The parent data section must be fully completed. Please see additional information below:

- If information is unknown, please enter UNK.
- If a field is meant to be left blank, please enter a dash (-).




**Only applicable if the person whose birth is being registered was born on or after January 1, 1995:**

- Certain parentage documents will be required to include the father/parent not giving birth's name on the VS 85 form.

**Please review the Parentage Requirement section on [page 5](#) for more information.**

# Delayed Registration of Birth

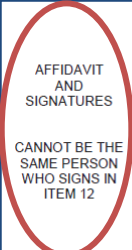
## Certification of Applicant

 CERTIFICATION OF APPLICANT	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT	<b>12. PRINTED NAME AND SIGNATURE OF APPLICANT</b>	13. CHECK ONE PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PERSON WHOSE BIRTH IS BEING REGISTERED ATTENDANT <input type="checkbox"/> 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 <b>LEAVE BLANK</b>

**Fields 12 through 15 must be completed by an acceptable applicant, which includes:**

- The applicant must be the person whose birth is being registered if the person is 18 years of age or older at the time of filing the application.
- If the person whose birth is being registered is under 18 years of age at the time of filing the application, the applicant must be one of the following:
  - *parent,*
  - *legal guardian, or*
  - *attending physician or principal attendant at birth.*

## Affidavit and Signatures

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

**Up to two (2) persons with knowledge of the facts of birth may sign the Affidavit and Signatures section of the VS 85 form. Specific conditions include:**

- Cannot be the same person who completed items 12 through 15.
- Must have been at least 5 years old when the birth being established occurred.
- How the Affidavit and Signatures section is completed will determine the number of acceptable documentary evidence required to register the delayed certificate of birth. Please see [Table 1](#) below for more information.

**Table 1 – Number of Documentary Evidence Required**

Affidavit and Signatures Section	Number of Documentary Evidence Required
<b>No signatures</b> (fields 17A through 18E blank)	Two pieces of documentary evidence required, at least one of which shall support the parentage
<b>Signature of the physician or other principal attendant</b> (fields 17A through 17E or 18A through 18E completed)	One piece of documentary evidence required
<b>Two signatures by two persons having knowledge of the facts of birth</b> (fields 17A through 18E completed)	One piece of documentary evidence required

 **For information on acceptable documentary evidence, please see [page 5](#).**

*End of VS 85 Form Guidelines.*

## Delayed Registration of Birth

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### Parentage Requirement

The following is only required if the child was *born on or after January 1, 1995* and the father/parent not giving birth's name is being listed on the VS 85 form.

- If the parents are married to each other, please submit a photocopy of the parents' marriage certificate.
- If the parents are in a State Registered Domestic Partnership (SRDP), please submit a photocopy of the parents' SRDP Declaration.
- If the parents are neither married to each other nor in an SRDP, please submit a copy of the Voluntary Declaration of Parentage (VDOP) form filed with Department of Child Support Services (DCSS).
  - Please visit [DCSS' website](https://childsupport.ca.gov/parentage-forms-and-information/) for more information regarding the VDOP form. (https://childsupport.ca.gov/parentage-forms-and-information/)

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### Acceptable Documentary Evidence Requirements

**Documentary evidence that supports the facts of birth must be submitted with the Delayed Registration of Birth application.** The number of documentary evidence required depends on how the Affidavit and Signatures section of the VS 85 form is completed. Please see [Table 1](#) on page 4 for more information.

**To be acceptable, documentary evidence must comply with all of the following:**

- Must validate both the date and place of birth
  - If there are less than two signatures in the Affidavits and Signatures section, and the physician (or other principal attendant) did not sign, the documentary evidence must also support parentage information.
- Must be an original or certified copy of the record
- Must have been executed at least five (5) years prior to the date of application
  - If the person whose birth is being registered is under 12 years of age, the record must have been executed at least two (2) years prior to the date of application.

**Examples of typically accepted documentary evidence include the following:**

- Hospital records of birth
- School records
- Census records
- Military service records
- Voting registration records
- Newspaper notices of birth
- Baptismal certificates or other church records
- Social security records (i.e., numident printout)
- Birth certificate of child of person whose birth is being registered
- Certificates of registry of marriage of person whose birth is being registered

# Delayed Registration of Birth

## Appropriate Fee

There is a twenty-six dollar (\$26) registration fee, which includes one (1) certified copy of the Delayed Registration of Birth certificate.

- Additional certified copies are twenty-nine dollars (\$29) each.
- Checks or Money Orders must be made payable to *CDPH Vital Records*.
- International money orders for out-of-country requests must be payable in U.S. dollars.

## Notarized Sworn Statement

An authorized person must submit a notarized [sworn statement](#) to receive a certified authorized copy of the amended certificate. Please see list of authorized persons below:

- ✓ Registrant (Name on Certificate)
- ✓ Grandparent/Grandchild of Registrant
- ✓ Authorized by Court Order (Include copy of court order.)
- ✓ Law Enforcement/Govt. Agency (Conducting Official Business)
- ✓ Parent/Legal Guardian of Registrant (Legal guardian must provide documentation.)
- ✓ Child/Sibling of Registrant
- ✓ Spouse/Registered Domestic Partner of Registrant
- ✓ Attorney Representing Registrant or Registrant's Estate
- ✓ Attorney/Licensed Adoption Agency (Under CA Family Code Section 3140 or 7603)
- ✓ Power of attorney/Executor of the registrant's Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor.)

The notarized sworn statement must:

- Include a penalty of perjury statement
- Identify the applicant's relationship to the registrant
- Be signed in the presence of a notary public
- Contain the notary's official seal. (*NOTE: A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained at a United States Embassy or Consulate do not require an apostille.*)

Please see sample sworn statement below. (The notary completes the Certificate of Acknowledgment section after the applicant's signature is witnessed.)

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
<small>(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)</small>	
Subscribed to this _____ day of _____, 20____, at _____, _____ (State). (Day) (Month) (City)	
_____ (Applicant's Signature)	
CERTIFICATE OF ACKNOWLEDGMENT	
<small>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 content of that document.</small>	

# Delayed Registration of Birth

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## Frequently Asked Questions

### Q: Where can I find application forms?

**A: Application forms, including the Delayed Registration of Birth (VS 85) form, are located on the CDPH-VR [Vital Records, Data and Statistics Forms](#) webpage.**

(<https://www.cdph.ca.gov/Programs/PSB/Pages/BirthDeathMarriageCertificates.aspx>)

### Q: Where can I find informational pamphlets?

**A: Informational pamphlets for all amendment types are located on the CDPH-VR [Vital Record Pamphlets](#) webpage.**

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Record-Pamphlets.aspx>)

### Q: What is the current processing time?

**A: Current processing times are listed on the [CDPH-VR website](#).**

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>)

### Q: What will the registered Delayed Registration of Birth certificate look like?

**A: The VS 85 form submitted will become the delayed birth certificate.** Forms that do not follow the form guidelines (instructions starting on [page 3](#)) may be rejected.

### Q: Will my supporting documents be returned?

**A: Any supporting documents submitted, including sworn statements, will not be returned once the delayed certificate is registered.** Please keep copies of all documents submitted.

### Q: What if I still have questions?

**A: Please contact the CDPH-VR Customer Service Unit by email at [AmendVR@cdph.ca.gov](mailto:AmendVR@cdph.ca.gov) or telephone at (916) 445-2684.**





## SWORN STATEMENT INSTRUCTIONS

- Only one sworn statement is required for multiple records.
- Sworn statements are not required for informational copy requests.
- Authorized individuals must complete the top portion of the sworn statement by signing and identifying their relationship to person listed on certificate.
- Sworn statements must be notarized for authorized copy requests. **Law enforcement, governmental agencies, and funeral establishments (death records only) are exempt from the notary requirement, but must complete the top portion of the sworn statement page.**
- A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.

## RELATIONSHIP TO REGISTRANT

### List of Authorized Persons:

- The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or 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.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.
- Any agent or employee of a funeral establishment who acts within the course and scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8).
- Surviving next of kin (As specified in HSC § 7100).

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the  
 (Applicant’s Printed Name)

State of California, 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):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

*(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)

**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)

