



California Department of Public Health Vital Records

BIRTH REGISTRATION HANDBOOK



STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

To obtain additional copies of the Handbook for a minimal charge, please contact California Department of Public Health – Vital Records (CDPH-VR) at:

California Department of Public Health
Vital Records – M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410

(916) 445-8494

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The Vital Records System – Birth, Fetal Death and Death

Overview

The California Vital Records System includes the collection, registration, maintenance, amendment, and certification of vital records (birth, fetal death, and death events). The Director of the California Department of Public Health (CDPH), by law, is the State Registrar and is responsible for directing and supervising the registration of vital records in California. These functions are performed by CDPH-VR. Under CDPH-VR's supervision, each local registrar registers and transmits the original records for events occurring in the Local Registration District (LRD) to CDPH-VR for filing and indexing. CDPH-VR transmits statistical data from vital records to the National Center for Health Statistics (NCHS). At the state level, statistical reports are prepared for public health use by state and local health departments, other government agencies, and various private and voluntary organizations.

REFERENCE: Health and Safety Code Sections 102175 through 102249

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Use this page for notes.

The History of Vital Records

Overview

The history of vital records dates back to 1858 when California began its first centralized system for registering birth and death records. Shortly thereafter, in 1860, the State's registration function was legislatively repealed. Subsequent legislation in 1869 reestablished the State's vital records system.

Chronology of events

The following is a chronology of events describing the evolution of the vital records system and the significant statutory changes which occurred.

Year	Type of Event
1858	The first statutory provision for the recording of births and deaths in California was the Registration Act of 1858. It authorized the Governor to appoint a State Registrar of Vital Statistics whose duties were to prepare and furnish to county recorders suitable forms and books for the registration of births and deaths and to file duplicate records received from county recorders. This law was repealed in 1860.
1869-1872	A State Board of Health was created in 1869, but no specific provisions were made for the general preservation of vital statistics until 1872, when the Political Code placed this responsibility with the Secretary of the State Board of Health. Under this code, county recorders were designated local registrars of births and deaths. The recorder kept a Register of Births and a Register of Deaths with an index to each. Quarterly, each recorder sent a certified abstract of each register to the Secretary of the State Board of Health.
1883	Boards of Health in incorporated cities of over 100,000 population were required to keep a record of all births and deaths occurring in the city and to file a copy of the ledger with the county recorder.
1905	The first complete registration of births and deaths in the State was provided for in 1905 when the Legislature established the Bureau of Vital Statistics. Certificates of Registry of Birth were deposited by persons attending births with the county recorder or with the health officer in cities having freeholders' charters. The local registrars were required to keep a Register of Births and to deliver the original birth certificates each month to the State Registrar.

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1905 cont.	The State was also divided into primary registration districts for the registration of deaths. Local registrars for death registration were county recorders, city clerks in cities or incorporated towns, and health officers in cities having freeholders' charters. Funeral directors filed the death certificates with local registrars, who kept a copy and sent the original certificates to the State Registrar.
1915	The State was divided into primary registration districts for the registration of births, just as it had been divided in 1905 for deaths. Those officials who had been death registrars were assigned the additional responsibility for birth registration.
1931	The duties of local registrars within a city were transferred to city health officers or to county health officers. Two years later, the county health officers in counties having a countywide health department were designated local registrars for all territory in the county not included within city primary registration districts.
1939	The Health and Safety Code was established and contained a codification of all previous statutes concerning vital statistics.
1943	Major legislation was enacted with an administrative procedure for the delayed registration of previously unregistered births.
1947	Legislation enacted the requirement that the health officer be the local registrar of births and deaths as a prerequisite for approval as a full-time local health department.
1951	Further refinements included that the record on file in the county recorder's office was not to include the medical and health data section of birth certificates and certificates were to be transmitted to the Office of State Registrar on a weekly basis.

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1956	A provision was enacted requiring that the footprints of the child and the fingerprints of the mother be imprinted on the reverse side of the birth certificate. (Repealed in 1958.)
1957	Division 9 and related sections in Division 7 of the Health and Safety Code were entirely rewritten and reorganized.
1965	Procedures were simplified for the certifier to amend medical and health data on birth and death certificates.
1978	Legislation established each item on the birth certificate in law and established the health and medical information on the certificate as confidential.
1995	Division 9 and related sections of the Health and Safety Code were reorganized. This section is now referred to as Division 102.
1995	Legislation required that if the parents are not married to each other, the father's name shall not be listed on the birth certificate unless the father and mother sign a voluntary declaration of paternity.
2003	Several pieces of legislation regarding vital events were enacted, including adding the question whether the decedent was pregnant to the death certificate. Other legislation addressed mass fatalities; implementation of an electronic death registration system; and notification to the Division of Labor Statistics and Research of all work-related deaths.
July 2003	Identity theft legislation was implemented requiring specific individuals to sign a sworn statement under penalty of perjury that they were authorized to receive a certified copy of a birth or death certificate. If the request for the certified copy is mailed, the sworn statement must also be notarized. Individuals not authorized under the law to receive an authorized certified copy may receive a copy marked " <i>Informational, Not A Valid Document to Establish Identity.</i> "

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2004	Legislation was implemented allowing the acceptance of faxed notarized statements sworn under penalty of perjury in order to receive a certified copy. The new legislation also allowed any agent or employee of a funeral establishment to order certified copies of death certificates on behalf of an authorized individual. Additional legislation required that amendments to death certificates of a peace officer killed in the line of duty be processed no later than 10 days after acceptance of filing.
2005	Assembly Bill (AB) 1278 (Chapter 430, Statutes of 2005) was signed into law. AB 1278 primarily addressed changes to the birth and fetal death certificate. However, this bill also changed the implementation dates of two provisions previously signed into law under Senate Bill (SB) 247 (Chapter 914, Statutes of 2002).
2007	SB 162 (Chapter 241, Statutes of 2006), California Public Health Act of 2006, establishes the California Department of Public Health, to be headed by the State Public Health Officer appointed by the Governor. It also renames the California Department of Health Services to the California Department of Health Care Services.
2010	The State Office of Vital Records changed its name to California Department of Public Health-Vital Records (CDPH-VR).
2013	AB 1403 (Chapter 510, Statutes of 2013) and SB 274 (Chapter 564, Statutes of 2013) allows for a child to have more than two parents. Based on these two pieces of legislation, California created the birth certificate (VS 10M) to allow for more than two parents to be listed. The VS 10M is only created based on receipt of a court order received by CDPH-VR.
2014	AB 1951 (Chapter 334, Statutes of 2014) addresses changes to the birth certificate to identify each parent's relationship to the child. The revised birth certificate goes into effect January 1, 2016, allowing each parent to select their relationship to the child. The choices are mother, father, or parent. The parent may also elect to leave the relationship box blank.
Current	Original birth, fetal death, and death certificates are registered and transmitted by the local registrar to CDPH-VR, where they are indexed and filed as permanent records.

The Purpose of the Vital Records System

Overview

The vital records system was initially established to record births, fetal deaths, and deaths occurring in California. In addition to documenting these vital events, the statistical data derived from these records was used to develop a health status profile for the State. The purpose of the vital records system became twofold: 1) to establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein, and 2) to provide a means for studying the statistical data for health evaluation and planning purposes.

Uses of vital records

Vital records are certificates that have been registered for each birth, fetal death, and death by the local registrar of the county in which the event occurred. Upon registration by the local registrar, the certificate becomes the State's legal record of that event and is prima facie evidence in all courts. Certified copies of the original records are made available to serve the personal needs of individuals.

Birth records are used to:

- prove age, parentage, and citizenship
 - secure passports
 - apply for Social Security benefits and other legal needs
 - obtain veteran's benefits
 - register to vote
 - apply for a driver's license
 - apply for employment
 - apply for social benefits
-

Continued on next page

Death records are used to:

- apply for insurance benefits
- settle pension claims
- verify transfer of title of real and personal property

REFERENCE: Health and Safety Code Section 103550

**Uses of vital
record data**

Vital records data provides valuable health and research data. In general, statistical data from vital records are used to:

- provide health authorities with a means of studying health problems and evaluating health programs
 - provide information from the records to government, education and research organizations for such uses as population estimation and planning and evaluating health activities such as maternal, child and adolescent health programs
 - provide information to individuals for various purposes
-

The Role of the State Registrar

Overview

The State Registrar administers the California Vital Records System under the provisions of the Health and Safety Code. CDPH-VR, under the direction of the State Registrar, is charged with statewide responsibility for implementing and maintaining a uniform system for registration and a permanent central registry for all birth, fetal death, and death records (approximately 1 million events are registered annually). An important function of CDPH-VR is to issue certified copies of certificates to individuals or organizations that request them.

REFERENCE: Health and Safety Code Sections 102175 through 102249

CDPH-VR functions

CDPH-VR inspects each record for completeness and accuracy of information where possible and for promptness of filing, queries for missing or inconsistent information, numbers the records, prepares indices, processes the records, and stores the documents for permanent reference and safekeeping. Statistical information from these records is then transmitted to NCHS.

CDPH-VR performs the following functions:

- administers the vital records statutes and supervises the 61 LRDs
 - prescribes and furnishes all forms used for registration
 - prepares and issues all county letters of instruction, policies, and guidelines as required to maintain statewide uniformity
 - examines certificates received from the local registrars for acceptability before filing and indexing
 - maintains a permanent public record of each event which has occurred in California since 1905
 - prepares, maintains, and monitors computer files of birth, fetal death, and death for data quality
 - provides certified copies of vital records
-

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- advises and instructs local registrars through consultation, regional workshops, annual site visits, and conferences
 - maintains cooperative working relationships with organizations interested in vital records data, such as the California Conference of Local Health Officers, California Coroners Association, California Association of Clerks and Election Officials, County Records' Association of California, California Funeral Directors Association, Social Security Administration (SSA), Center for Disease Control and Prevention, and NCHS
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The Role of the Local Registrar

Overview

The Local Registrar registers certificates of birth, fetal death, and death events occurring in the LRD and transmits the original certificates, on a weekly basis, to CDPH-VR.

By law, the health officer of any approved health department is the local registrar for that LRD. The health officer or an interim health officer must be a graduate of a medical school and be eligible for a license to practice medicine and surgery in the State of California. In other cases, the State Registrar appoints a local registrar of birth and deaths.

REFERENCE: Health and Safety Code Sections 102275 through 102395 and 101000 through 101010

Local registrar functions

The local registrar performs the following functions:

- reviews certificates for each birth, fetal death, and death occurring in the jurisdiction for accuracy and completeness prior to registration
 - monitors hospitals to ensure timely registration of birth certificates (see sample letter on page xv if hospital births are not registered timely)
 - prepares copies of the original certificates for the county recorder before transmitting the original certificates to CDPH-VR
 - issues certified copies of records
 - provides assistance to persons who wish to amend records
 - meets annually with physicians, key hospital staff, funeral directors, coroners, and interment authorities and provides training to promote prompt, complete, and accurate vital record registration
 - maintains a cooperative working relationship with the county recorder to ensure prompt exchange of information and assistance when necessary
-

Chief deputy registrar

The chief deputy registrar is appointed by the local health officer to direct and supervise the overall registration of births, fetal deaths, and deaths in the local registration district. This appointee may perform all of the duties of the local registrar in the name and place of the principal.

NOTE:

- The designation of a chief deputy registrar shall be done by written appointment.
 - CDPH-VR shall be officially notified by letter of any chief deputy registrar or deputy appointment.
 - Funeral directors and funerary business-related persons shall not be appointed as deputy registrars; such appointments are considered a conflict of interest.
-

Subregistrars

Most districts will not require a subregistrar. However, in some counties, geography and travel time may dictate the need. As with the chief deputy registrar, a subregistrar may perform all of the duties of the local registrar in the name and place of the principal. However, controls must be in place to assure that processing by a subregistrar meets the same high standards established by the local registrar's office and by CDPH-VR.

When a subregistrar is appointed, this person shall:

- be a health department employee living and/or working in the remote part of the district where the subregistrar's office is located
- receive the same supervision as other vital records staff
- receive training on the duties and legal obligations of birth, fetal death and death registration

NOTE:

- CDPH-VR shall be officially notified in writing of any subregistrar appointments.
 - Funeral directors or any funerary business-related persons shall not be appointed as subregistrars; as such appointments would be considered a conflict of interest.
-

The Role of the National Center for Health Statistics (NCHS)

Overview

The NCHS in the Public Health Services of the U.S. Department of Health and Human Services is vested with the authority for administering vital statistics information at the national level. When birth, fetal death, and death certificates are permanently filed in the state registrar offices, statistical data from the individual records are sent to NCHS. From these data, monthly, annual, and special statistical reports are prepared for the nation and the states for use by federal agencies and others interested in vital statistics data.

History

It has been only during the last century that anything approaching adequate data on births, fetal deaths, and deaths has been available on a nationwide basis. Prior to 1900, only ten states and the District of Columbia could supply data sufficiently complete and accurate to be used for national compilation. In other states, reliable data could be obtained only from some of the larger cities. Statistics on birth and death were based primarily on census figures and were for the most part untrustworthy, especially with respect to the recording of the causes of death.

Chronology of events

The following table is a chronology of events describing how the national collection of birth, fetal death, and death data on a nationwide basis began.

Year	Type of Event
1900	The Bureau of the Census abandoned its efforts to secure mortality information from its own records and concentrated on developing uniform data from the original death records filed in the various state health departments. Since each state had its own method of registering deaths, the first step was to draft uniform practices and laws and to prepare a recommended standard death certificate. This standard form was adopted, either in whole or in part, by 18 states and the District of Columbia and in 71 major cities located in the other states. Those states which could demonstrate fairly complete registration were constituted an official death registration area, and the data collected formed the basis for the mortality reporting for the nation.
1915	The Bureau of the Census established a birth registration area to compliment the death registration area.

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1920	Thirty-four states and the District of Columbia were providing uniform death statistics on a statewide basis. Twenty-four states and the District of Columbia were providing statewide data on birth registration.
1930	By this time only one state was not participating in the death registration area and only two states were not participating in the birth registration area.
1933	All states and the District of Columbia were participating in the birth and death registration.

NCHS functions NCHS works closely with the state registrar offices, confers with them on ways to improve methods of operation, and supplies pamphlets and other literature for their use. NCHS also undertakes joint projects with various states to check what problems may still exist in securing prompt, complete, and accurate registration on all births and deaths occurring within a given area.

NCHS performs the following functions:

- promotes uniform model vital records registration laws and participates with states through various associations, committees, and conferences on vital records registration issues
- prepares national vital statistics reports on birth, fetal death, and death
- prepares statistical information for the nation and the states for use by federal agencies and others interested in vital statistics data
- provides consultation in conjunction with the National Association for Public Health Statistics and Information System (NAPHSIS) upon request to the states on matters concerning vital statistics

Sample letter

Below is a sample letter for local registrars to use if hospital births are not submitted registered timely.

Name of Hospital Administrator

Name of Hospital

Address

City, State, Zip Code

Dear (Name of Hospital Administrator):

This letter is to bring to your attention the problem of late registration of births which occur in your facility. State law specifies that births be registered within ten days from the date of birth.

“Each live birth shall be registered with the local registrar of births and deaths for the district in which the birth occurred within 10 days following the date of the event.” (Health and Safety Code Section 102400.)

State law further specifies that the hospital administrator, or their designee, is responsible for registering all hospital births within the time period specified above.

“For live births which occur in a hospital, the administrator of the hospital or a representative designated by the administrator in writing may sign the birth certificate certifying the fact of birth instead of the attending physician and surgeon, certified nurse midwife, or principal attendant is not available to sign the certificate; and shall be responsible for registering the certificate with the local registrar within the time specified in Section 102400.” (Health and Safety Code Section 102405.)

I am quite concerned about the time between a child’s birth and registration of the certificate at the (Name of Local Registration District) by your facility. The Vital Statistics Registration Section of the (Name of Local Registration District) performed an analysis of certificates received for registration during (time period). Of the _____ certificates received from your facility, _____ (_____%) were not filed within ten days. This delay is also a great inconvenience and source of frustration to parents, since they cannot receive a certified copy of their child’s birth certificate unless it has been registered.

I appreciate your immediate attention to this important matter, and look forward to receiving birth certificates from your facility within the time frame specified by law.

If you have any questions, please contact me at (_____) _____-_____.

cc: California Department of Public Health
Licensing and Certification Division
District Administrator
(local district office)

California Department of Public Health
Vital Records – M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410

Procedures to Follow When A County Health Officer Leaves

Overview On occasion, a county health department will be faced with the departure of their health officer (local registrar). With exception of a few State-appointed local registrars, the county health officer is appointed by the county board of supervisors or the appropriate administrative authority.

The following procedures must be implemented by the county and local health departments to ensure that proper registration and certification of vital records continues without disruption.

No vital records may be registered or certified by the departing health officer after their final day occupying the office.

Notify the appointing authority Notify the board of supervisors or the appointing authority of the health officer's departure prior to the actual departure date whenever possible.

Once the health officer leaves, the board of supervisors or the appointing authority must appoint a new health officer or an acting health officer before any birth, fetal death, or death certificates may be registered, or any certified copies may be issued. Or else, the duties of the health officer may be temporarily discharged by a chief deputy, assistant or deputy next in authority.

REFERENCE: Government Code Section 24105

Notify BMRS

1. Please notify the Birth and Marriage Registration Section (BMRS) at (916) 445-8494 as soon as you learn the health officer is leaving.
2. Submit formal written notification of the health officer's effective date of departure.
3. Submit the name of the newly appointed health officer or acting health officer and the effective date that the new health officer or acting health officer may begin registering and certifying vital records to:

California Department of Public Health
 Vital Records – M.S. 5103
 P.O. Box 997410
 Sacramento, CA 95899-7410
 Attn: Chief, Vital Records

4. If an acting health officer is replaced by the new health officer follow Steps 1, 2 & 3 listed above.

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Procedures to Follow When A County Health Officer Leaves,

Continued

Signing the certificates

When an acting health officer is officially appointed, they as the acting health officer must sign the birth, death, and fetal death certificates submitted for registration. A facsimile stamp with the new appointee's name may be used provided the signature or initials of the chief deputy registrar are entered after the stamped name.

When a new health officer is officially appointed, they must sign the birth, death, and fetal death certificates submitted for registration as such. As usual, a facsimile stamp with the new health officer's name may be used provided the signature or initials of the chief deputy registrar are entered after the stamped name.

If the facsimile stamp is not ordered in a timely manner, all certificates will need to be signed individually.

Issuing certified copies

When issuing certified copies of vital records, the acting or newly appointed health officer must sign as such on the banknote paper. If the prior health officer's signature is preprinted on the banknote paper, it may still be used, but the acting or newly appointed health officer must co-sign each document.

As an alternative to destroying the current banknote paper supply, CDPH-VR suggests that the above procedure be followed until the supply is depleted or a new supply with the new signature is printed. CDPH-VR will accept documents processed in this fashion. However, you may wish to consult your county counsel before implementing it.

As usual, a facsimile stamp may be used when issuing certified copies.

NOTE:

These procedures may also be used when a Recorder leaves office.

Questions

The above procedures have been developed to assist counties and local health departments in planning for an efficient and timely transition should the health officer depart.

If you have any questions regarding **registration**, please contact BMRS at (916) 445-8494.

If you have any questions regarding **certified copies**, please contact the Quality Assurance and Intelligence Reform Section (QAIR) at (916) 552-8116.

Cross-Matching Birth and Death Certificates

Overview CDPH-VR began cross-matching birth and death records for California events on January 1, 1978. However, due to a change in the mainframe and system limitations, crossmatch ended in 2010. CDPH-VR hopes to resume in 2016. When CDPH-VR receives information on a death, a search for a birth certificate is conducted based on the personal information reported on the death certificate. If a birth certificate is located, the birth certificate and index are marked deceased.

Cross-match list CDPH-VR will notify the local registrar and county recorder when a cross-match is made. The cross-match list will be sent to each local county office.

Local registrar/county recorder responsibilities Upon notification by the State Registrar that a person is deceased, the local registrar and county recorder are responsible for ensuring that the birth certificate copy is stamped “DECEASED.” The stamp should be at least one-half inch high in boldface style and should be placed in the Place of Birth area on the birth certificate.

The birth index should also be marked that the record is for a deceased person. If room permits, also indicate the date of death and death certificate file number.

If the local registrar has information that the child listed on a newly created birth certificate is deceased, and the certificate has not yet been forwarded to CDPH-VR, the local registrar should enter the date of death in field 15A and stamp the original certificate “DECEASED.”

REFERENCE: Health and Safety Code Section 102245

Certified copies All certified copies of birth certificates for individuals that are deceased must display the legend “DECEASED.”

If an applicant requests a certified copy of a deceased person’s birth certificate and states it is their own record, provide the certified copy to the applicant marking the record “DECEASED.” Then, provide a copy of the application for a certified copy to CDPH- VR for further investigation.

REFERENCE: Health and Safety Code Section 103540

Use this page for notes.

The Certificate of Live Birth (VS 10D)

Overview

Each live birth, which occurs within California, must be registered with the local registrar for the district in which the birth occurred within 10 days following the date of the birth. Birth certificates submitted for registration beyond the 10 day mandate may be accepted by the local registrar, but they must be properly registered within one year of the date of birth. Certificates are acceptable for registration if received prior to the child's first birthday.

REFERENCE: Health and Safety Code Section 102400

Live birth means the complete expulsion or extraction from its mother of a product of conception (irrespective of the duration of pregnancy) which after such separation, breathes or shows any other evidence of life such as the beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

REFERENCE: California Code of Regulations 915

In this section

Information contained in this section includes:

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Use this page for notes.

Requirements for Completing the Birth Certificate

Overview

All physicians, informants, and other persons having knowledge of the facts, shall supply upon the prescribed forms any information they possess regarding any live birth. The certificate form shall be completed in accordance with the requirements set forth in the Health and Safety Code.

If the parents refuse to cooperate in the filing of the birth certificate, the hospital administrator should still prepare a VS 10D for the child. If necessary, information to prepare the birth certificate may be obtained from the medical records file.

REFERENCE: Health and Safety Code Sections 102135 and 102425

English only

The form is to be completed using the 26 alphabetical characters of the English language.

REFERENCE: California State Constitution, Article 3, Section 6 and Health and Safety Code Section 8

Appropriate punctuation

Punctuation is a standardized mark or sign used in punctuating sentences or phrases.

Examples of appropriate punctuation for vital records:

- hyphen such as “Smith-Jones”
 - apostrophe as in “O’Hare”
 - period as used with “Jr.”
 - comma such as “Smith, Jr.”
-

Unacceptable entries

Unacceptable entries:

- pictographs – a picture, e.g., ☺
 - ideograms – a picture or symbol that represents a thing or an idea, but not a particular word or phrase for it, e.g., ♀
 - diacritical marks – any of various marks added to a letter to indicate its pronunciation or to distinguish it in some way, e.g., è, ñ, ē, ç
-

Signatures

Signatures should be the usual or customary signature.

A signature made with a mark (X) is acceptable; however, it must be identified with the statement “his/her mark” followed by the signature of the person who witnessed the signing, and the word “witness,” after their signature.

Example: X his mark *Judy Jones* witness

NOTE:

Signatures, which extend into other fields making entries illegible, will cause the certificate to be rejected.

Use black ink

The birth certificate must be completed legibly in durable **black** ink.

REFERENCE: Health and Safety Code Section 102125

Complete all items

The VS 10D must be completed as follows:

- All items must be completed or the reason for their omission satisfactorily explained.
- The race, occupation, education, and social security numbers may be withheld if the parents refuse to provide the information.

REFERENCE: Health and Safety Code Sections 102125 and 102425

No alterations

No erasures, whiteout, or alterations of any kind are allowed on the form.

REFERENCE: Health and Safety Code Section 102140

Responsibilities of the Hospital Administrator and State-Licensed Alternative Birth Center Administrator

Overview

The following information applies to both the hospital administrator and the state-licensed alternative birth center administrator. For convenience, both types of administrators will be referred to as hospital administrator.

The hospital administrator is responsible for preparing a VS 10D for each birth that occurs in their facility. This responsibility includes obtaining the personal data, preparing the certificate, securing the required signatures, and registering the certificate with the local registrar within ten days of the birth.

In addition to the above responsibilities, the hospital administrator must implement procedures to facilitate efficiency in the preparation and signing of birth certificates to ensure timely registration. The hospital administrator is also responsible for implementing security procedures to restrict access to blank and completed birth certificates to authorized staff only.

REFERENCE: Health and Safety Code Section 102405

Required forms

Hospital staff must use the following forms to collect the required information as necessary for preparation of the birth certificate.

Form	Number	Use
Certificate of Live Birth	VS 10D	To record births
Race Identification Work Sheet	VS 10D (Back)	To collect parents self-identified race information
Medical Data Supplemental Work Sheet	VS 10A	To enter appropriate medical codes onto the birth certificate
Newborn Automatic Number Assignment (NANA)	No form number	To obtain parents' consent to request their child's social security number through the birth registration process
Declaration of Paternity	CS 909	To allow a parent's name (Items 6A-6C) to be listed on the birth certificate if the parents are not married to each other

Completing the birth certificate

Upon completion of the required forms, hospital staff must:

- prepare a correct and legible birth certificate with all items completed
- provide the certificate to the parent(s)/informant(s) for review and signature
- obtain the certifier/attendant's signature in Item 13A

NOTE:

The parent/informant shall only be asked to sign the birth certificate **after** both the public portion and the confidential medical and social information items have been entered on the form.

REFERENCE: Health and Safety Code Section 102425(15)(d)

Registering the birth certificate

Birth certificates must be registered with the local registrar within 10 days of the event.

The Declaration of Paternity forms must be batched separately and forwarded to:

California Department of Child Support Services – Paternity Opportunity
Program (POP) Unit
P.O. Box 419070 (your agency's three digit code)
Rancho Cordova, CA 95741-9070

NOTE:

The ten-day registration period is calculated by excluding the date of birth and counting each day thereafter until the tenth day is reached. If the tenth day falls on a holiday, the 11th day after the date of birth becomes the due date for timely registration. Sunday is considered a holiday.

REFERENCE: Health and Safety Code Section 102400 and Government Code Section 6700

After the birth certificate is registered

After the certificate is registered by the local registrar, corrections or additions to the certificate must be made by applying an amendment. If the correction is a hospital error, the hospital may assist the parents in applying the amendment. See the Amendment Section for additional instructions.

**Security for
blank certificates**

The security procedures for storage of blank birth certificates include:

- providing locked file cabinets or locked file rooms for storage of blank birth certificates
- limiting access to blank and completed birth certificates to authorized staff only
- maintaining a daily supply of blank birth certificates in a locked office cabinet
- ensuring that the supply is locked at all times
- using an inventory log to monitor and reconcile the number of birth certificates prepared with the number of certificates taken from storage at the end of each day
- returning blank certificates to storage noting the number being returned on the log and initial
- marking “VOID” on any certificate that needs to be destroyed
- noting the number of voids on the control log
- destroying all voids by shredding them in the presence of two individuals

Questions

If you have any questions regarding **registration**, please contact BMRS at (916) 445-8494.

If you have any questions regarding **certified copies**, please contact QAIR at (916) 552-8116.

Use this page for notes.

Public Information on the Certificate (Items 1-17)

Description The Public Information Section of the VS 10D contains Items 1 through 17. The collection of this information is required by statute.

REFERENCE: Health and Safety Code Section 102425

In this section The VS 10D is divided into several sections identified by labels in bold print on the left side of the form. The Public Information Section includes the following subsections:

Subsection Title	Includes Items Numbered	See Page
This Child	1A through 4B	112
Place of Birth	5A through 5D	118
Name of Parent	6A through 8	121
Name of Parent (person giving birth)	9A through 11	127
Informant Certification	12A through 12C	135
Certification of Birth	13A through 14	139
Local Registrar	15A through 17	143

Use this page for notes.

This Child

Description

Information collected in this section establishes the facts of the birth of the child.

The parent(s) specify the name(s), including the last name, for their child that will be entered on the birth certificate. After the certificate is registered, the name(s) can only be changed by court order.

REFERENCE: Health and Safety Code Sections 102425 and 103400

In this section

Information collected in this section includes:

Item Number	Item Title	See Page
1A	Name of Child – First	112
1B	Middle	112
1C	Last	112
2	Sex	113
3A	This Birth, Single, Twin, etc.	113
3B	If Multiple, This Child 1 st , 2 nd , etc.	114
4A	Date of Birth – MM/DD/CCYY	114
4B	Hour – (24-hour Clock Time)	115

**1A, 1B & 1C
Name of child**

Enter the names in each field exactly as provided by the parent(s):

- 1A First
- 1B Middle
- 1C Child's Last

NOTE:

- The form must be completed using the 26 alphabetical characters of the English language with appropriate punctuation, if necessary.
- No pictographs (☺), ideograms (♠), diacritical marks (è, ñ, ē, ç), or extraneous entries are allowed.
- Only one line of information is allowed in each field.
- Multiple names in a field may not be stacked.
- Do not leave any of these items blank. Enter a dash if necessary.

What to do if...

The table below provides additional instructions for completing Items 1A through 1C.

If...	Then...
no name is given or parents cannot agree on the name	enter a dash ("–") in each item. Do not enter Baby Boy or Baby Girl – unless that is name given by the parents.
the certificate is registered without a name	the local registrar must upon receipt of the certificate prepare and send a <i>Supplemental Name Report</i> (VS 107) to the parents to add the name(s). See the Amendment Section for additional instructions. REFERENCE: Health and Safety Code Section 103325
additional space is necessary for entering long or multiple names	enter as many characters that fit in the space. Complete an <i>Affidavit to Amend a Record</i> (VS 24) to add the remaining names. See the Amendment Section for additional instructions.
the child's name is a hyphenated name consisting of both the parents' names	check for obvious errors in spelling and make sure the parents approve the order.

Continued on next page

the child's last name is not the same as parents' names	check for spelling errors and verify with parents.
Roman numerals are used	enter as requested by the parents.
the parent(s) decide to change the child's name, and the certificate has already been registered	an <i>Application for Amendment of Birth Record to Reflect Court Order Change of Name</i> (VS 23) will be required. See the Amendment Section for additional instructions.

NOTE:

Parents should be advised that they are not required to name the child; however, if they decide to wait, the certificate will become a two-page document with the name listed on page two of the document.

**2
Sex**

Verify the sex of the child against the name given in Item 1A, and enter *Male* or *Female* as appropriate.

**Acceptable
entries**

Acceptable entries also include:

- M
 - F
 - dash if unknown or undetermined
-

**3A
This birth single,
twin, etc.**

Specify the birth as *Single*, *Twin*, *Triplet*, *Quadruplet*, etc., even if all infants of the conception were not delivered alive.

What to do if...

The table below provides additional instructions for completing Item 3A.

If the child is...	Then...
a twin, but the sibling was not delivered alive	enter <i>Twin</i> in Item 3A.
is a single birth	enter <i>Single</i> .
of a multiple birth	verify and enter the appropriate plurality for each sibling.

of a multiple birth where other fetuses were “reabsorbed” (not delivered) or were expelled or extracted	do not count those fetuses.
---	-----------------------------

3B
If multiple, this child 1st, 2nd, etc.

For multiple births, specify the birth order of the child.

What to do if...

The table below provides additional instructions for completing Item 3B.

If the child is...	Then enter...
a single birth	a dash.
of a multiple birth	the birth order of the child such as: 1 st , 2 nd , 3 rd , etc.
a second twin and the first twin was not born alive	2 nd in Item 3B, and the date the first twin died in Item 27F (Date of Last Other Termination).
a second twin and the first twin was terminated by an induced abortion	2 nd in Item 3B, do not record the date of the termination in Item 27F (Date of Last Other Termination) because induced abortions are not reported in Items 27D through 27F.

4A
Date of birth

Enter the child’s date of birth in numeric format.

Do **not** use dashes to separate the month, day, and year. Do **not** leave blank.

Example

Format: MM/DD/CCYY
Example: 01/15/2016

NOTE:

If the date of birth indicates that the child is already one year old at the time of registration, a *Delayed Registration of Birth* (VS 85) must be filed with CDPH-VR. See instructions for the VS 85 in the Other Types of Birth Registration Section.

**4B
Hour**

Enter the 24-hour military clock time when the child was born.

Do **not** enter seconds, colons, other punctuation, or use dashes.

For unattended births, enter the birth parent's best estimated time of birth. "Unknown" is an acceptable entry only if the birth parent is unable to reasonably estimate the time of birth.

Example

4:16 p.m. is entered as 1616.

24-Hour Clock

Please refer to the time conversion table below.

TIME CONVERSION TO 24-HOUR CLOCK			
Regular Clock	24-Hour Clock	Regular Clock	24-Hour Clock
12:00 a.m.	0000	12:00 noon	1200
1:00	0100	1:00 p.m.	1300
2:00	0200	2:00	1400
3:00	0300	3:00	1500
4:00	0400	4:00	1600
5:00	0500	5:00	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00	0700	7:00	1900
8:00	0800	8:00	2000
9:00	0900	9:00	2100
10:00	1000	10:00	2200
11:00	1100	11:00	2300
		11:59	2359

Use this page for notes.

Place of Birth

Description

Information collected in this section must accurately identify the place of birth. The place of birth and the physical/residence address of the person giving birth are used together in planning and evaluating prenatal care services and obstetrical programs.

For births that occur in a hospital, the name of the hospital or facility is entered on the certificate. A birthing center located in and/or operated by a hospital is considered part of the hospital.

If the birth occurs on the way to the hospital or shortly before arrival, hospitals are encouraged to register the birth as a courtesy for the parents. To register a “courtesy” birth certificate in the Automated Vital Statistics System (AVSS), the password to use is “HOME.” This will open up field 5A to enter the exact place of birth.

For births that occur outside of the hospital, please refer to the Other Types of Birth Registration Section.

In this section

Information collected under the “Place of Birth” heading includes:

Item Number	Item Title	See Page
5A	Place of Birth – Name of Hospital or Facility	118
5B	Street Address – Street and Number, or Location	118
5C	City	119
5D	County	119

5A
Place of birth

Enter the name of the hospital or place where the birth occurred.

What to do if...

The table below provides additional instructions for completing Item 5A.

If the birth occurred in a...	Then enter...
hospital	the hospital name.
place other than a hospital	a description such as: <i>residence, auto, doctor's office, clinic, etc.</i>
prison, mental hospital, shelter for unwed/battered persons	a dash. Complete Items 5B through 5D with the address of the facility.
bus, car, train, or ambulance	<i>bus, car, train, or ambulance</i> as appropriate and indicate the nearest cross streets or position on highway, e.g., <i>Intersection 4th and Main</i> or <i>X miles east of Metro City on U.S. 105</i> . Complete Items 5B and 5C.
airplane	<i>airplane en route to...</i> , and specify latitude and longitude in Item 5B. Enter the name of the city where the airport is located in Item 5C and the county having jurisdiction over that city in Item 5D.
ship at sea	<i>ship en route to...</i> , and specify latitude and longitude in Item 5B. Enter the port of call (city) in Item 5C and the county having jurisdiction over that city in Item 5D.

NOTE:

The birth of a child at sea or on any moving public conveyance such as a bus, ambulance, train, ship, or airplane is required to be reported to the local registrar having jurisdiction over the place of the first stop or first port of call.

5B
**Street address -
Street and
number, or
location**

Enter the full street or rural address of the place of birth.

**Unacceptable
entries**

Unacceptable entries include general delivery and post office box numbers.

5C
City

Enter the name of the city or town where the birth occurred.

NOTE:

In rare instances when the birth took place in a remote rural area and there is no city or town for the place of birth, enter the name of the closest city or town within the county of birth, preceded by the word "Rural," e.g., *Rural Metro City*.

5D
County

Enter the name of the California county where the birth occurred.

Use this page for notes.

Name of Parent (Items 6A-6C)

Description

The information collected in this section pertains to the parent of the child not giving birth.

If the parents are married to each other or in a state-registered domestic partnership (SRDP), the second parents' name may be listed in Items 6A-6C.

If the person giving birth is in an SRDP,* this parents' name may be listed in (Items 6A-6C). For more information on procedures for SRDPs, please see "Name of Parent" section, page 122.

If the person giving birth is not married or in an SRDP, the second parents' name shall not be listed in Items 6A-6C unless both are biological parents and both sign a voluntary Declaration of Paternity (CS 909).

The name entered on the certificate in Items 6A-6C and 9A-9C must be the parent's legal name by birth, adoption, court-ordered name change, or naturalization. Also known as (AKA) must not be entered on the certificate, but may be added by amendment.

REFERENCE: Health and Safety Code Sections 102425(a)(4)(C) and 102425.1; Family Code Section 297.5(a); Government Code Section 14771

In this section

Information collected under the "Name of Parent" heading includes:

Item Number	Item Title	See Page
6A	Name of Parent – First	122
6B	Middle	122
6C	Last – Birth Name	122
6D	Relationship check boxes	122
7	Birthplace (State/Foreign Country)	125
8	Date of Birth	126

* The California Domestic Partner Rights and Responsibilities Act applies to partners who are members of the same sex, and to partners who are of opposite sexes when one or both of the partners are over 62 years of age. Other criteria for Domestic Partners is contained in Family Code Section 297.

**Registering a
birth for
SRDPs***

As of January 1, 2005, equal consideration must be given to birth parents with state-registered domestic partners.

The person giving birth should be asked if they are in a SRDP or married. If they reply yes, then they should be asked if they want to add the second parent's name to the birth certificate in Items 6A-6C.

If the person replies they are not in a SRDP or married, then they should be asked if they and the biological parent would like to sign a voluntary CS 909 to add this parent's name in Items 6A-6C.

It is the responsibility of the person giving birth to state if they qualify as state-registered domestic partners.

**6A, 6B & 6C
Name of Parent
(Parent Not
Giving Birth)**

Enter the legal name of the parent not giving birth as it appears on their birth record, adoption, court-ordered name change, or naturalization papers as follows:

- 6A First –Insert the first name in 6A First
 - 6B Middle
 - 6C Last – Birth Name
-

Definition

Birth name is the parent's name prior to any marriages.

**Unacceptable
entries**

Unacceptable entries:

- unknown
- withheld
- item is blank
- artificial insemination

NOTE:

- The form is completed using the 26 alphabetical characters of the English language with appropriate punctuation, if necessary.
 - Roman numerals are acceptable in Item 6C.
 - No pictographs (☺), ideograms (↑), diacritical marks (è, ñ, ē, ç), or extraneous entries are allowed.
 - Only one line of information is allowed in each field.
 - Multiple names in one field may not be stacked.
-

6D
Check boxes to
identify the
parent's
relationship to
the child

Check the appropriate relationship box or leave blank as appropriate:

- ☐ Mother
- ☐ Father
- ☐ Parent

NOTE:

An informant signing the birth certificate must have personally consulted with the parent(s) prior to selecting a relationship. If a parent is not available for consultation, then no box should be selected. These boxes are optional and may be completed using an X, check mark, or be completely shaded in. No more than one box may be marked for each parent.

REFERENCE: Health and Safety Code Section 102425.1

* The California Domestic Partner Rights and Responsibilities Act applies to partners who are members of the same sex, and to partners who are of opposite sexes when one or both of the partners are over 62 years of age. Other criteria for Domestic Partners is contained in Family Code Section 297.

Continued on next page

What to do if... The table below provides additional instructions for completing Items 6A through 6C.

If...	Then enter...
the parents are either: <ul style="list-style-type: none"> • not married • not in an SRDP • not completing a voluntary CS 909 	a dash in Items 6A through 6C.
the person giving birth - listed in Items 9A-9C does not know who the other parent is	a dash in Items 6A through 6C.
the person giving birth - listed in Items 9A-9C refuses to provide the other parent's name	a dash in Items 6A through 6C.
this parent has no middle name	a dash in Item 6B.
this parent has only one name	the name in Item 6C with a dash in Items 6A and 6B. This is based on guidance from SSA and NCHS for indexing purposes.
additional space is needed for the name to fit	as many characters that fit in the space and complete a VS 24. See the Amendment Section for additional instructions.
this parent wishes to list an AKA	parent's legal birth name in Items 6A through 6C and the AKA's on a VS 24.
this parent is deceased, but the parents were married	their full name.
this parent is deceased and was not married to or in an SRDP with the other parent*	a dash.

* The surviving parent will be required to obtain an Adjudication of Facts of Parentage in order to add the deceased parents' name.

7

**Birthplace
(State/Foreign
Country)**

Enter the two-letter abbreviation of the state of birth of the parent. Spell out United States (U.S.) territories and foreign countries; abbreviations may be used if a U.S. territory or foreign country name will not fit in Item 7.

STANDARD STATE ABBREVIATIONS			
State		State	
Alabama.....	AL	North Dakota.....	ND
Alaska.....	AK	Ohio.....	OH
Arizona.....	AZ	Oklahoma.....	OK
Arkansas.....	AR	Oregon.....	OR
California.....	CA	Pennsylvania.....	PA
Colorado.....	CO	Rhode Island.....	RI
Connecticut.....	CT	South Carolina.....	SC
Delaware.....	DE	South Dakota.....	SD
District of Columbia.....	DC	Tennessee.....	TN
Florida.....	FL	Texas.....	TX
Georgia.....	GA	Utah.....	UT
Hawaii.....	HI	Vermont.....	VT
Idaho.....	ID	Virginia.....	VA
Illinois.....	IL	Washington.....	WA
Indiana.....	IN	West Virginia.....	WV
Iowa.....	IA	Wisconsin.....	WI
Kansas.....	KS	Wyoming.....	WY
Kentucky.....	KY		
Louisiana.....	LA		
Maine.....	ME		
Maryland.....	MD		
Massachusetts.....	MA		
Michigan.....	MI		
Minnesota.....	MN		
Mississippi.....	MS		
Missouri.....	MO		
Montana.....	MT		
Nebraska.....	NE		
Nevada.....	NV		
New Hampshire.....	NH		
New Jersey.....	NJ		
New Mexico.....	NM		
New York.....	NY		
North Carolina.....	NC		

Continued on next page

What to do if... The table below provides additional instructions for completing Item 7.

If the parent is...	Then enter...
known to have been born in a foreign country, but the country is unknown	<i>Foreign-Unk.</i>
known to have been born on the high seas	<i>Foreign-Unk.</i>
known to have been born in the U.S. but the state is unknown	<i>US-Unk.</i>
unknown or the information is refused	a dash.
not identified in Items 6A-6C (contains dashes), but the state of birth is known	the state of birth.
deceased	the place if known or a dash.

8
Date of birth

Enter the date of birth of the parent in numeric format.

Example Format: MM/DD/CCYY
 Example: 12/16/1985

What to do if... The table below provides additional instructions for completing Item 8.

If...	Then enter...
the day is unknown	month and year only, e.g., <i>01/--/1985.</i>
the month and day are unknown	year only, e.g., <i>--/--/1985.</i>
the information is unavailable or is refused	a dash.
the parent is not identified in Items 6A-6C (contains dashes), but the date of birth is known	date of birth.
the parent is deceased	the date if known or a dash.

NOTE:

Do **not** enter the age of the parent. Do **not** use dashes to separate month, day, and year. Do **not** leave blank.

Name of Parent (Person Giving Birth) (Items 9A-9C)

Description

The information collected in this section pertains to the person giving birth.

If the parents are married to each other or in an SRDP, the second parents' name may be listed in Items 6A-6C.

For more information on procedures for SRDPs, please see "Name of Parent" section, page 122.

If the person giving birth is not married or in an SRDP, the second parents' name shall not be listed in Items 6A-6C unless both are biological parents and both sign a voluntary CS 909.

The name entered on the certificate in Items 6A-6C and 9A-9C must be the parents' legal name by birth, adoption, court-ordered name change, or naturalization. AKA's must not be entered on the certificate, but may be added by amendment.

REFERENCE: Health and Safety Code Section 102425(a)(4)(C);
Family Code Section 297.5(a); Government Code Sections 14771

In this section

Information collected under the "Name of Parent" heading includes:

Item Number	Item Title	See Page
9A	Name of Parent - First	128
9B	Middle	128
9C	Last - Birth Name	128
9D	Relationship check boxes	129
10	Birthplace – State/Foreign Country	131
11	Date of Birth	132

**9A, 9B & 9C
Name of Parent
(Person Giving
Birth)**

Enter the legal name of the parent giving birth legal name as it appears on their birth record, adoption, court-ordered name change, or naturalization papers.

- 9A First
 - 9B Middle
 - 9C Last (Birth Name)
-

Definition

Birth name is the parent's name prior to any marriages.

**Unacceptable
entries**

Unacceptable entries:

- unknown
- withheld
- item is blank

NOTE:

- The form is completed using the 26 alphabetical characters of the English language with appropriate punctuation, if necessary.
 - Roman numerals are acceptable in Item 6C.
 - No pictographs (☺), ideograms (↑), diacritical marks (è, ñ, ē, ç), or extraneous entries are allowed.
 - Only one line of information is allowed in each field.
 - Multiple names in one field shall not be stacked.
 - The birth certificate shall not be registered without the name of the person giving birth. If the information is refused, check the medical file for information. If no information is available, enter a dash in field 9A and 9B. Enter UNK in field 9C.
-

Continued on next page

**Registering a
birth for
SRDPs***

As of January 1, 2005, equal consideration must be given to birth parents with state-registered domestic partners.

The person giving birth should be asked if they are in an SRDP or married. If they reply yes, then they should be asked if they want to add the second parent's name to the birth certificate in Items 6A-6C.

If the person replies they are not married, then they should be asked if they and the biological parent would like to sign a voluntary CS 909 to add the second parent's name in Items 6A-6C.

It is the responsibility of the person giving birth to state if they qualify as state-registered domestic partners.

**9D
Check boxes
to identify the
parent's
relationship
to the child**

Check the relationship box or leave blank as appropriate:

- ☐ Mother
- ☐ Father
- ☐ Parent

NOTE:

An informant signing the birth certificate must have personally consulted with the parent(s) prior to selecting a relationship. If a parent is not available for consultation, then no box should be selected for them. These boxes are optional and may be completed using an X, check mark, or be completely shaded in. No more than one box may be marked for each parent.

REFERENCE: Health and Safety Code Section 102425.1

* The California Domestic Partner Rights and Responsibilities Act applies to partners who are members of the same sex, and to partners who are of opposite sexes when one or both of the partners are over 62 years of age. Other criteria for Domestic Partners is contained in Family Code Section 297.

What to do if... The table below provides additional instructions for completing Items 9A through 9C.

If...	Then...
the person giving birth has no middle name	enter a dash in Item 9B.
additional space is needed for the names to fit on one line	enter as many characters that fit in the space and complete a VS 24. See the Amendment Section for additional instructions.
the person giving birth wishes to list an AKA	complete a VS 24 to add the name(s).
the person giving birth has only one known name	enter the name in Item 9C and dashes in Items 9A and 9B. This is based on guidance from SSA and NCHS for indexing purposes.
this is a surrogate pregnancy or foundling	refer to Other Types of Birth Registration Section.
the information is refused	obtain information from the medical file and enter in fields 9A-9C.
the information is unknown	enter a dash in fields 9A and 9B and <i>Unk</i> in field 9C.

10
Birthplace
(State/Foreign
Country)

Enter the two-letter abbreviation for the person giving birth's U.S. state of birth. Spell out U.S. territories and foreign countries; abbreviations may be used if a U.S. territory or foreign country name will not fit in Item 10.

STANDARD STATE ABBREVIATIONS			
State		State	
Alabama.....	AL	North Dakota.....	ND
Alaska.....	AK	Ohio.....	OH
Arizona.....	AZ	Oklahoma.....	OK
Arkansas.....	AR	Oregon.....	OR
California.....	CA	Pennsylvania.....	PA
Colorado.....	CO	Rhode Island.....	RI
Connecticut.....	CT	South Carolina.....	SC
Delaware.....	DE	South Dakota.....	SD
District of Columbia.....	DC	Tennessee.....	TN
Florida.....	FL	Texas.....	TX
Georgia.....	GA	Utah.....	UT
Hawaii.....	HI	Vermont.....	VT
Idaho.....	ID	Virginia.....	VA
Illinois.....	IL	Washington.....	WA
Indiana.....	IN	West Virginia.....	WV
Iowa.....	IA	Wisconsin.....	WI
Kansas.....	KS	Wyoming.....	WY
Kentucky.....	KY		
Louisiana.....	LA		
Maine.....	ME		
Maryland.....	MD		
Massachusetts.....	MA		
Michigan.....	MI		
Minnesota.....	MN		
Mississippi.....	MS		
Missouri.....	MO		
Montana.....	MT		
Nebraska.....	NE		
Nevada.....	NV		
New Hampshire.....	NH		
New Jersey.....	NJ		
New Mexico.....	NM		
New York.....	NY		
North Carolina.....	NC		

What to do if... The table below provides additional instructions for completing Item 10.

If...	Then enter...
the person giving birth was born in a foreign country, but the country is unknown	<i>Foreign-Unk.</i>
the person giving birth was born on the high seas	<i>Foreign-Unk.</i>
the person giving birth was born in the U.S. but the state is unknown	<i>U.S.-Unk.</i>
information is refused	<i>Unk</i>

11
Date of birth

Enter the person giving birth's date of birth in numeric format.

Example Format: MM/DD/CCYY
 Example: 12/17/1985

What to do if... The table below provides additional instructions for completing Item 11.

If...	Then enter...
the day is unknown	month and year only, e.g., <i>11/--/1985.</i>
the month and day are unknown	year only, e.g., <i>--/--/1985.</i>
the year is unknown, or if no information is available	a dash.

NOTE:

Do **not** enter the age of the person giving birth. Do **not** use dashes to separate month, day, and year. Do **not** leave blank.

Use this page for notes.

Informant Certification

Description

The review of the *completed* birth certificate by the parent or other informant *prior* to signing is required by law and is an aid in improving accuracy of the certificate.

Under **no** circumstance shall a parent or other informant sign a blank or incomplete certificate.

REFERENCE: Health and Safety Code Section 102425(f)

In this section

Information collected under the “Informant Certification” heading includes:

Item Number	Item Title	See Page
12A	Parent or Other Informant – Signature	135
12B	Relationship to Child	136
12C	Date Signed	137

**12A
Parent or other
informant**

Instruct either parent or the informant (usually the parent) to verify that the certificate is correct and to sign their usual and customary signature in Item 12A.

REFERENCE: Health and Safety Code Section 102425(a)(7)

Definition

Informant refers to any person who has knowledge of the facts of the birth, e.g., a parent, medical clerk, grandparent, friend, relative, etc.

NOTE:

- Do not leave this item blank.
- Signatures which extend into other fields making entries illegible will cause the certificate to be rejected.
- The signatures in Items 12A and Item 13A should not be the same person unless one of the parents attended the birth and the other parent died.

**Unacceptable
entries**

It is unacceptable to enter “unavailable for signature” in 12A.”

What to do if...

The table below provides additional instructions for completing Item 12A.

If...	Then...
the parent’s signature differs significantly from the legal names in Items 6A-6C or 9A-9C	verify the information with the parents.
neither parent is capable of signing	a person with knowledge of the facts of birth must review the information and sign the certificate, e.g., medical clerk, grandparent, etc.

Continued on next page

If...	Then...
both parents wish to sign the certificate	both may sign their names beside each other, but must be contained in the space allotted.
a signature is made with a mark, e.g., X	it must be followed by an indication of "his/her mark" and the signature of the person who witnessed the signing, and the word "witness."

12B
Relationship to
child

Enter the relationship to the child of the parent or other informant on the certificate.

The relationship should be listed according to the informant's preference.

Note: Birth Clerks should not enter the word "parent" prior to asking the parent or informant how they want the relationship listed. For example, a birth parent may prefer the word mother, parent, etc.

Acceptable
entries

Examples of acceptable entries include:

- mother
- father
- parent
- parents *
- grandparent
- father/mother
- mother/father
- neighbor
- certified nurse midwife
- guardian
- medical records clerk
- ambulance attendant
- social worker
- friend

* an entry of *parents* (plural) should only be entered if both parents sign the certificate.

Continued on next page

Unacceptable entries

None or *Unknown* are unacceptable entries.

**12C
Date signed**

Instruct the person certifying the information to enter the date they reviewed and signed the certificate.

Example

Format: MM/DD/CCYY
Example: 01/16/2016

NOTE:

- Certificates with handwritten dates in this field that are not in the above format may be accepted.
- Do **not** leave blank.

NOTE

The signatures in Items 12A and 13A (Parent or Other Informant and Attendant/Certifier) should not be the same person. There may be some exceptions when the signatures are the same, e.g., one of the parents attended the birth and the other parent died. In this case, both the attendant and the parent would be the same. However, such exceptions are expected to be rare; and, therefore, as a general rule, the signatures should be different.

Certification of Birth

Description

This section is completed by the person in attendance at the birth or the designated hospital representative who can certify the fact of birth. Under ***no*** circumstance shall a physician or other certifier sign a blank or incomplete certificate.

REFERENCE: Health and Safety Code Section 102425(a)(8)

In this section

Information collected under the “Certification of Birth” heading includes:

Item Number	Item Title	See Page
13A	Attendant/Certifier – Signature and Degree or Title	139
13B	License Number	139
13C	Date Signed	140
13D	Typed Name, Title and Mailing Address of Attendant	141
14	Typed Name and Title of Certifier if Other than Attendant	141

**13A
Attendant/
Certifier
signature and
degree or title**

Instruct the attendant or certifier to sign the completed certificate. Enter their degree, if appropriate.

Definitions

Attendant refers to the physician, certified nurse, physician's assistant, or other person who was in attendance at the birth.

Certifier refers to the hospital administrator, designated representative, or other person who is certifying the fact of birth.

REFERENCE: Health and Safety Code Section 102405

NOTE:

- Only one signature is allowed.
- Signatures which extend into other fields making entries illegible, will cause the certificate to be rejected.
- Physician signature stamps may not be used in lieu of an ink signature.

What to do if...

The table below provides additional instructions for completing Item 13A.

If...	Then...
the person giving birth delivered alone	enter "unattended."
a child attended the birth	the child may sign the certificate.
the attendant such as a midwife or paramedic is unavailable	enter "unavailable."

**13B
License number**

Enter the California license number if a licensed physician, certified nurse midwife, paramedic, or other licensed person attended the birth. If there was no attendant or certifier, enter a dash.

Continued on next page

What to do if... The table below provides additional instructions for completing Item 13B.

If...	Then enter...
the license begins with A, C, or G followed by numbers	<u>California</u> physician's license number.
the number has not been issued yet	<i>Applied for.</i>
the physician is fulfilling residency requirements	<i>Resident.</i>
the physician is fulfilling internship requirements	<i>Intern.</i>
the physician is licensed in another state	a dash.
the person giving birth delivered the child alone	a dash.
the entry for Item 13A is <i>Unavailable</i>	a dash.
the attendant does not have a California license number	<i>None.</i>

NOTE:

Even if a certifier signs in Item 13A, the attendant's license number, if appropriate, must be entered in Item 13B.

13C
Date signed

The attendant or certifier is to enter the date they sign the completed birth certificate. If no attendant or certifier, enter a dash.

Example

Format: MM/DD/CCYY
Example: 01/15/2016

NOTE:

- For unattended births, or the attendant or certifier is unavailable to sign, enter a dash.
 - Certificates with handwritten dates in this field that are not in the correct format are acceptable.
 - Do **not** leave blank.
-

13D
**Typed name,
title and mailing
address of
attendant**

Type the name and mailing address of the person who attended this birth.

NOTE:

- The attendant information should be entered even if a certifier, rather than an attendant, signed Item 13A.
 - If there was no attendant, enter a dash.
-

14
**Typed name and
title of certifier if
other than
attendant**

Type the name and title of the person who is certifying the fact of birth.

NOTE:

- This is the typed name of the hospital administrator or designated representative who is certifying the facts of birth in absence of the attendant.
 - Enter a dash if Item 13A is signed by the person identified in Item 13D.
 - Enter a dash if the person giving birth delivered alone.
 - Enter a dash for out-of-hospital births.
-

Local Registrar

Description

Prior to registration, the local registrar shall review each birth certificate for accuracy and completeness. If the certificate is acceptable on its face, the local registrar shall sign and date the certificate and apply a local file number. If it is not acceptable, e.g., missing signatures, etc., the certificate must be returned to the hospital. Upon registration by the State, the certificate becomes the legal record of that event and is prima facie evidence in all courts.

After the certificate is registered, any changes (corrections or additions) shall only be made through the amendment process. For specific information on amendment procedures, refer to the Amendment Section.

REFERENCE: Health and Safety Code Section 102305

In this section

Information collected under the “Local Registrar” heading includes:

Item Number	Item Title	See Page
15A	Date of Death	143
15B	State File Number (State Use Only)	143
16	Local Registrar – Signature	143
17	Date Accepted for Registration	143

**15A
Date of death**

If the newborn dies before the certificate is forwarded to CDPH-VR, enter the date of death in numeric format.

Example

Format: MM/DD/CCYY
Example: 01/17/2016

NOTE:

- This item is left blank if the child is alive when the certificate is being registered.
 - The date of death must be reported if the local registrar has knowledge of this fact at the time of registration.
-

**15B
State File
Number (State
Use Only)**

CDPH-VR will enter the SFN of the newborn's death certificate, if applicable.

**16
Local registrar
signature**

Enter the name of the local registrar (health officer or appointed registrar).

NOTE:

- A deputy registrar may not sign the registrar's name.
 - The entry may be handwritten, typed, or stamped.
 - If typed or stamped, the signature or initials of the deputy must be handwritten after the registrar's name.
 - To ensure all information is legible, signatures should not exceed the box.
-

**17
Date accepted
for registration**

Enter the date the certificate was accepted for registration in numeric format. Do **not** leave blank.

Example

Format: MM/DD/CCYY
Example: 01/18/2016

Confidential Information for Public Health Use Only (Items 18-33)

Description

The second section of the VS 10D is labeled Confidential Information for Public Health Use Only (Items 18-33). The information collected in this section is used for a wide range of public health research and medical studies, as well as for the child's personal use. These items are designated confidential and are not open for public inspection.

Copies of birth certificates shall not be retained in patient files. Any person releasing the information contained in this section to unauthorized individuals is guilty of a misdemeanor punishable by a \$500 fine or six months imprisonment for the first offense.

REFERENCE: Health and Safety Code Sections 102430 and 102475

NOTE:

Some of the confidential items are recorded on the electronic birth record, but do not appear on the paper certificate.

In this section

The confidential portion of the VS 10D is divided into several sections identified by labels in bold print on the left side of the form. The "Confidential Information for Public Health Use Only" section includes the following subsections:

Subsection Title	Includes Items Numbered	See Page
Genetic Father	18 through 20C	148
Genetic Mother (Birth Parent)	21 through 24E and electronic items	156
Medical Data	25A through 31 and electronic items	168
Social Security Numbers	32 through 33	188
State Registrar Items	A through F and Census Tract	191
Numbering the Birth Certificate		194

Use this page for notes.

Genetic Father

Description The information collected in this section pertains to the genetic father's race, ethnicity, occupation, and education. Hospital staff are required to complete these items. If the parent(s) or other informant questions these items, hospital staff must be able to explain the reasons for collecting the information in order to facilitate complete and accurate reporting. See next page on collection of race/Hispanic data. A detailed explanation need not be volunteered if not requested.

REFERENCE: Health and Safety Code Section 102425

Definition Genetic father is the male genetic contributor to the creation of the baby through sperm donation or sexual intercourse.

In this section Information gathered under "Genetic Father" heading includes:

Item Number	Item Title	See Page
	Collection of Race/Hispanic Data	147
18	Race	148
19	Is Genetic Father Hispanic, Latino or Spanish?	149
20	Date Last Worked	150
20A	Usual Occupation	151
20B	Kind of Business or Industry	151
20C	Education – Highest Level or Degree	152

Collection of Race/Hispanic Data

Collection of Race & Spanish/Hispanic/Latino origin data

Prior to completing Item 18 and Item 19 on the VS 10D, use a copy of the worksheet located on the back of the certificate to gather race and Spanish/Hispanic/Latino origin information. A copy of the worksheet should be provided to the parents for completion. Race and Spanish/Hispanic/Latino origin are self-identified items. Enter the race and Spanish/Hispanic/Latino origin information on the front of the certificate in the appropriate fields.

Definitions for Race & Spanish/Hispanic/Latino

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin or race. The response on the worksheet is to reflect the racial group with which the genetic father identifies and is not based on percentages of ancestry.

Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the genetic father or their ancestors were born before their arrival in the United States.

- A person's origin may be reported based on their country of origin, or on the country of origin of a parent, grandparent, or some far-removed ancestor.
 - The response is to reflect the Hispanic population group with which the genetic father identifies, if any, and is not based on percentages of ancestry.
 - Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.
-

How to collect Race & Spanish/Hispanic/Latino data

Presenting the worksheet to the parents in a positive, pleasant manner and assuring the informant that the information is confidential will facilitate collection of the requested data. The following is a suggested statement of explanation:

“The information requested will be transferred to the confidential portion of the birth certificate and access to this portion is limited by law. This information is extremely valuable in producing data for various population groups. It is used to study racial variations in childbearing, access to health care, and pregnancy outcomes, such as infant mortality and birth weight. Race and Hispanic origin are important variables in preparing population estimates, and in planning, developing, and evaluating the effectiveness of health programs.”

NOTE: In order to obtain the most accurate information, Spanish/Hispanic/Latino origin should be determined prior to determining race.

18
Race

Instruct the parent or informant to check up to three races on the worksheet for the genetic father's race. Enter the data in Item 18 on the birth certificate.

What to do if...

The table below provides additional instructions for completing the worksheet and Item 18.

If...	Then...
none of the categories on the worksheet apply	instruct the informant to check <i>Other (Specify)</i> and specify the race in the space provided. Enter the data in Item 18.
more than one box is checked on the worksheet	enter up to three races separated by a slash (/) in the order specified by the parent in Item 18. Do not stack. Complete a VS 24 to add the remaining data. NOTE: AVSS will truncate entries as appropriate.
no information is available	enter <i>Unk</i> in Item 18.
the information is refused	enter <i>Withheld</i> in Item 18.

NOTE:

No facetious or derogatory descriptions are allowed in Item 18. Extraneous entries are **not** acceptable, e.g., human being.

Item 18 is optional. The genetic father or informant may refuse to provide the information.

REFERENCE: Health and Safety Code Section 102425(c)

19
Genetic Father
Hispanic, Latino
or Spanish?

Instruct the parent or informant to check one box on the worksheet to specify the genetic father's Hispanic origin or descent. Enter the data in Item 19.

What to do if...

The table below provides additional instructions for completing the worksheet and Item 19.

If...	Then...
the genetic father is not of Hispanic origin or descent	the informant checks <i>No – (Not Hispanic)</i> . Enter <i>No</i> in Item 19.
the genetic father is of Hispanic origin or descent	the informant checks <i>Yes</i> and specifies his origin or descent. Enter the data in Item 19.
the genetic father is of Hispanic origin or descent, but none of the categories apply	the informant checks <i>Yes – Other Hispanic (Specify)</i> and specifies their origin or descent, such as: <i>Nicaraguan, Chilean, or Guatemalan</i> on the work sheet. Enter the data in Item 19.
the genetic father is of more than one Hispanic origin or descent	the informant checks <i>Yes – Other Hispanic (Specify)</i> and lists the multiple Hispanic origins or descents separated by a slash or hyphen, such as: <i>Nicaraguan/El Salvadoran, Venezuelan-Colombian</i> on the work sheet. Enter the data in Item 19.
no information is available on the genetic father's Hispanic origin or descent	enter <i>Unk</i> in Item 19.
information is refused	enter <i>Withheld</i> in Item 19.

NOTE:

Item 19 is optional. The genetic father or informant may refuse to provide the information.

REFERENCE: Health and Safety Code Section 102425(c)

20
Date Last
Worked

Enter the most recent date (month and year) that the genetic father worked in their usual occupation.

Example

Format: MM/CCYY
 Example: 01/2016

What to do if...

The table below provides additional instructions for completing Item 20.

If ...	Then enter...
the genetic father is currently employed	the current month and year.
the genetic father never worked or is a student	<i>None.</i>
the month is unknown	the year only, e.g. --/2016.
the year is unknown, or if no information is available	<i>Unk.</i>
the information is refused	<i>Withheld.</i>

NOTE:

Item 20 is optional. The genetic father or informant may refuse to provide the information.

The dates entered may be after the child's date of birth. For example, the child's date of birth may be 7/31/2016 with the genetic father's date last worked 08/2016.

REFERENCE: Health and Safety Code Section 102425(c)

20A
Usual occupation Enter the genetic father's usual occupation, which is the work they have done for the longest period of time. If the genetic father is retired, unemployed, disabled, or deceased, report their usual occupation when they were working.

Acceptable entries Acceptable entries also include:

- abbreviations
 - unknown
 - withheld
-

What to do if... The table below provides examples of appropriate entries for Item 20A. For additional information on occupations, refer to Appendix B.

If the genetic father...	Then specify type...
is a doctor	physician, dentist, veterinarian, chiropractor, etc.
works in data processing	computer programmer, keypunch operator, etc.
is a nurse	registered nurse, nurse-midwife, nurse's aide, nurse practitioner, etc.
farm worker	farmer, farm hand, farm supervisor, fruit picker, migratory farm hand, etc.

NOTE:

Item 20A is optional. The genetic father or informant may refuse to provide information.

REFERENCE: Health and Safety Code Section 102425(c)

20B
Kind of business or industry Enter the genetic father's usual kind of business or industry corresponding with Item 20A. The description should indicate clearly and specifically the kind of business or industry of employment.

Do **not** enter company name.

Continued on next page

Acceptable entries

Acceptable entries also include:

- abbreviations
 - unknown
 - withheld
 - never worked
-

What to do if...

The table below provides examples of appropriate entries for Item 20B. For additional information on business or industry, refer to Appendix C.

If the business is...	Then specify...
mine	copper mine, etc.
retail	bookstore, card store, etc.
manufacturer	fountain pen manufacturer, etc.
construction	road construction, housing construction, etc.
oil and gas industry	oil field drilling, petroleum refinery, retail gasoline station, wholesale oil distributor, natural gas pipeline, etc.

NOTE:

Item 20B is optional. The genetic father or informant may refuse to provide information.

REFERENCE: Health and Safety Code Section 102425(c)

**20C
Education –
Highest
Level/Degree**

Use the *Race/Ethnicity and Education Worksheet* to gather information that best describes the highest degree or level of school completed by the genetic father. Enter the education information on the birth certificate.

Continued on next page

What to do if... The table below provides additional instructions for completing Item 20C.

If the genetic father...	Then...
did not complete one full year of formal education	enter <i>0</i> .
completed grades, 1, 2, 3...11	enter the highest year completed.
completed 12 th grade, but did not receive a diploma	enter <i>12 ND</i> .
graduated from high school or completed the GED (General Equivalency Diploma)	enter <i>HS Graduate</i> or <i>GED</i> .
earned some college credit, but did not receive a degree	enter <i>Some College</i> .
received an Associate degree (e.g., AA, AS)	enter <i>Associate</i> .
received a Bachelors degree (e.g., BA, AB, BS)	enter <i>Bachelors</i> .
received a Masters degree (e.g., MA, MS, MEng, MEd, MSW, MA)	enter <i>Masters</i> .
received a Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	enter either <i>Doctorate</i> or <i>Professional</i> .
attended a specialty school such as a beauty, barber, business, or technical school	do not include in the number of school years completed.
was educated outside of the U.S.A.	identify and enter the number of years completed or degree received compared to U.S.A. education.
no information is available	enter <i>Unk</i> .
information is refused	enter <i>Withheld</i> .

NOTE:

Item 20C is optional. The genetic father or informant may refuse to provide information.

REFERENCE: Health and Safety Code Section 102425(c)

Genetic Mother

Description

The information collected in this section pertains to the genetic mother's race, ethnicity, occupation, and education. If the parent(s) or other informant questions these items, hospital staff must be able to explain the reasons for collecting the information in order to facilitate complete and accurate reporting. See next page on collection of race/Hispanic data. A detailed explanation need not be volunteered if not requested.

REFERENCE: Health and Safety Code Section 102425

Definition

Genetic mother is the person who produces an egg that results in an embryo.

In this section

Information gathered under "Genetic Mother" heading includes:

Item Number	Item Title	See Page
	Collection of Race/Hispanic Data	155
21	Race	156
22	Genetic Mother Hispanic, Latina, or Spanish?	157
23	Date Last Worked	158
23A	Usual Occupation	159
23B	Kind of Business or Industry	159
23C	Education – Highest Level or Degree	161
24A	Residence – Street and Number, or Location	162
24B	County/Province	163
24C	City	163
24D	State/Foreign Country	163
24E	Zip Code	163
Electronic	Mailing Address	164

Collection of Race/Hispanic Data

Collection of Race & Spanish/Hispanic/Latina origin data

Prior to completing Item 21 and Item 22 on the VS 10D, use a copy of the worksheet located on the back of the certificate to gather race and Spanish/Hispanic/Latina origin information. A copy of the worksheet should be provided to the parents for completion. Race and Spanish/Hispanic/Latina origin are self-identified items. Enter the race and Spanish/Hispanic/Latina origin information on the front of the certificate in the appropriate fields.

Definitions for Race & Spanish/Hispanic/Latina

There is no set rule as to how many generations are to be taken into account in determining race or Hispanic origin or descent. The response on the worksheet is to reflect the racial group with which the genetic mother identifies and is not based on percentages of ancestry.

Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the genetic mother or their ancestors were born before their arrival in the United States.

- A person's origin may be reported based on their country of origin, or on the country of origin of a parent, grandparent, or some far-removed ancestor.
 - The response is to reflect the Hispanic population group with which the genetic mother identifies, if any, and is not based on percentages of ancestry.
 - Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.
-

How to collect Race & Spanish/Hispanic/Latina data

Presenting the worksheet to the parent in a positive, pleasant manner and assuring the informant that the information is confidential will facilitate collection of the requested data. The following is a suggested statement of explanation:

“The information requested will be transferred to the confidential portion of the birth certificate and access to this portion is limited by law. This information is extremely valuable in producing data for various population groups. It is used to study racial variations in childbearing, access to health care, and pregnancy outcomes, such as infant mortality and birth weight. Race and Hispanic origin are important variables in preparing population estimates, and in planning, developing, and evaluating the effectiveness of health programs.”

NOTE: In order to obtain the most accurate information, Spanish/Hispanic/Latina origin should be determined prior to determining race.

21
Race

Instruct the genetic mother or informant to check up to three races on the worksheet for the genetic mother's race. Enter the data in Item 21 on the birth certificate.

What to do if...

The table below provides additional instructions for completing the work sheet and Item 21.

If...	Then...
none of the categories apply	instruct the informant to check <i>Other (Specify)</i> and specify the race in the space provided. Enter the data in Item 21.
more than one box is checked on the work sheet	enter up to three races separated by a slash (/), in the order specified by the genetic mother in Item 21. Do not stack. Complete a VS 24 to add the remaining data. NOTE: AVSS will truncate as appropriate.
no information is available	enter <i>Unk</i> in Item 21.
information is refused	enter <i>Withheld</i> in Item 21.
the pregnancy involves a surrogate parent	refer to Other Types of Birth Registration Section.

NOTE:

No facetious or derogatory descriptions are allowed in Item 21. Extraneous entries are **not** acceptable, e.g., human being.

Item 21 is optional. The genetic mother or informant may refuse to provide the information.

REFERENCE: Health and Safety Code Section 102425(c)

22
Genetic Mother
Hispanic, Latina,
or Spanish?

Instruct the genetic mother or informant to check one box on the worksheet to specify the genetic mother's Hispanic origin or descent. Enter the data in Item 22.

What to do if...

The table below provides additional information for completing the Hispanic item on the worksheet and the birth certificate.

If...	Then...
the genetic mother is not of Hispanic origin or descent	the informant checks <i>No – (Not Hispanic)</i> . Enter <i>No</i> in Item 22.
the genetic mother of Hispanic origin or descent	the informant checks <i>Yes</i> and specifies their origin or descent. Enter the data in Item 22.
the genetic mother of Hispanic origin or descent, but none of the categories apply	the informant checks <i>Yes – Other Hispanic (Specify)</i> and specifies their origin or descent, such as: <i>Nicaraguan, Chilean, or Guatemalan</i> on the work sheet. Enter the data in Item 22.
the genetic mother of more than one Hispanic origin or descent	the informant checks <i>Yes – Other Hispanic (Specify)</i> and lists the multiple Hispanic origins or descents separated by a slash or hyphen, such as: <i>Nicaraguan/El Salvadoran, Venezuelan-Colombian</i> on the work sheet. Enter the data in Item 22.
no information is available on the genetic mother's Hispanic origin or descent	enter <i>Unk</i> in Item 22.
information is refused	enter <i>Withheld</i> in Item 22.

NOTE:

Item 22 is optional if the genetic mother or informant refuses to provide the information.

REFERENCE: Health and Safety Code Section 102425(c)

23
Date Last
Worked

Enter the most recent date (month and year) that the genetic mother worked in their usual occupation.

Example

Format: MM/CCYY
Example: 01/2016

What to do if...

The table below provides additional instructions for completing Item 23.

If...	Then enter...
the genetic mother is currently employed	the current month and year.
the genetic mother never worked or is a student	<i>None.</i>
the genetic mother was a homemaker prior to their delivery	the current month and year.
the month is unknown	the year only, e.g. --/2013.
the year is unknown, or if no information is available	<i>Unk.</i>
the information is refused	<i>Withheld.</i>

NOTE:

Item 23 is optional. The genetic mother or informant may refuse to provide the information.

The dates entered may be after the child's date of birth. For example, the child's date of birth may be 7/31/2016 with the genetic mother's date last worked 08/2016.

REFERENCE: Health and Safety Code Section 102425(c)

23A
Usual occupation Enter the genetic mother's usual occupation, which is the work they have done for the longest period of time. If the genetic mother is retired, unemployed, disabled, or deceased, report their usual occupation when they were working.

Acceptable entries Acceptable entries also include:

- abbreviations
 - unknown
 - withheld
 - never worked
-

What to do if... The table below provides examples of appropriate entries for Item 23A. For additional information on occupations, refer to Appendix B.

If the genetic mother...	Then specify...
is a doctor	physician, dentist, veterinarian, chiropractor, etc.
works in data processing	computer programmer, keypunch operator, etc.
is a nurse	registered nurse, nurse-midwife, nurse's aide, nurse practitioner, etc.
is a farm worker	farmer, farm hand, farm supervisor, fruit picker, migratory farm hand, etc.
is a homemaker	Homemaker. However, if the genetic mother normally worked outside of the home prior to their delivery then enter that information.

NOTE:

Item 23A is optional. The genetic mother or informant may refuse to provide information.

REFERENCE: Health and Safety Code Section 102425(c)

23B
Kind of business or industry Enter the genetic mother's kind of business or industry corresponding with Item 23A. The description should indicate clearly and specifically the kind of business or industry of employment.

Do **not** enter company names.

Continued on next page

Acceptable entries

Acceptable entries also include:

- abbreviations
- unknown
- withheld

What to do if...

The table below provides examples of appropriate entries for Item 23B. For additional information on business or industry, refer to Appendix C.

If the business is...	Then specify...
mine	copper mine, etc.
retail	bookstore, card store, etc.
manufacturer	fountain pen manufacturer, etc.
construction	road construction, housing construction, etc.
oil and gas industry	oil field drilling, petroleum refinery, retail gasoline station, wholesale oil distributor, natural gas pipeline, etc.

NOTE:

Item 23B is optional. The genetic mother or informant may refuse to provide information.

REFERENCE: Health and Safety Code Section 102425(c)

23C
Education –
Highest
Level/Degree

Use the *Race/Ethnicity and Education Worksheet* to gather information that best describes the highest degree or level of school completed by the genetic mother. Enter the education information on the birth certificate.

What to do if...

The table below provides additional instructions for completing Item 23C.

If the genetic mother...	Then...
did not complete one full year of formal education	enter <i>0</i> .
completed grades, 1, 2, 3...11	enter the highest year completed.
completed 12 th grade, but did not receive a diploma	enter <i>12 ND</i> .
graduated from high school or completed the GED (General Equivalency Diploma)	enter <i>HS Graduate</i> or <i>GED</i> .
earned some college credit, but did not receive a degree	enter <i>Some College</i> .
received an Associate degree (e.g., AA, AS)	enter <i>Associate</i> .
received a Bachelors degree (e.g., BA, AB, BS)	enter <i>Bachelors</i> .
received a Masters degree (e.g., MA, MS, MEng, MEd, MSW)	enter <i>Masters</i> .
received a Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	enter either <i>Doctorate</i> or <i>Professional</i> .
attended a specialty school such as a beauty, barber, business or technical school	do not include in the number of school years completed.
was educated outside of the United States of America (U.S.A.)	identify and enter the number of years completed or degree received compared to U.S.A. education.
no information is available	enter <i>Unk</i> .
information is refused	enter <i>Withheld</i> .

NOTE:

Item 23C is optional. The genetic mother or informant may refuse to provide information.

REFERENCE: Health and Safety Code Section 102425(c)

24A
Birth Parent's
Residence -
Street and
Number, or
Location

Enter the full street or rural address of the birth parent's usual residence.

Definition

The residence of the birth parent is the place where their household is located. This is **not** necessarily the same as the *home state, voting residence, mailing address, or legal residence*, but must reflect where the birth parent actually lives most of the time.

REFERENCE: Health and Safety Code Section 102425(b) (4) and
Government Code Section 244

Unacceptable
entries

P.O. Boxes number and General Delivery addresses are **not** acceptable residence address entries.

What to do if...

The table below provides additional instructions for completing Item 24A.

If the birth parent...	Then enter...
lives in an institution such as a group home, mental institution, penitentiary, etc.	the address of the place they lived prior to being hospitalized.
lives in an institution and their prior address is unknown	the address of the institution.
has always resided in an institution	the address of the institution.
is homeless	a physical description of the location of their most recent habitat, e.g., <i>Under the XYZ Bridge</i> .
is on tour of military duty or attending college	their college or military address.
is a surrogate or foundling	refer to Other Types of Birth Registration Section.
refuses to provide their address	the address listed for the birth parent in the medical records file. If no information is available, enter <i>Unk</i> .

24B
County/Province

Enter the birth parent's U.S. county or Canadian province of residence.

What to do if...

The table below provides additional instructions for completing Item 24B.

If the birth parent...	Then enter...
resides out-of-state and in the U.S.	the name of the out-of-state county.
resides out-of-state in an unknown county or province	<i>Unk.</i>
resides in Canada	the name of the Canadian province
resides outside of the U.S. or Canada	a dash.
refuses to provide the information and it is not available in the medical file	a dash.

24C
City

Enter the name of the city, town, or location where the birth parent lives. If the birth parent refuses to provide the information and it is not available in the medical file enter *Unk.*

24D
State/Foreign Country

Enter the birth parent's U.S. state, U.S. territory, or foreign country of residence.

If the birth parent usually resides outside the U.S., enter the name of the foreign country in Item 24D, and five zeros in Item 24E.

If the birth parent refuses to provide the information and it is not available in the medical file enter *Unk.*

24E
Zip Code

Enter the birth parent's Zip Code in Item 24E if residence is in the U.S. or U.S. territory.

The Zip Code entry must be a minimum of five digits, but an entry of nine or eleven digits is acceptable.

Do **not** use a dash to separate the numbers in a nine or eleven digit Zip Code.

If the birth parent refuses to provide the information and it is not available in the medical file enter *Unk.*

Electronic Item
mailing address
street or post
office box

Enter the full street address or post office box at the location where the birth parent receives mail.

NOTE:

Check with SSA in regards to their mailing address requirements.

Electronic Item
mailing address
county/province

Enter the county in which the birth parent's mailing address is located if the mailing address is in the U.S., or the province if mailing address is in Canada.

Electronic Item
mailing address
city

Enter the name of the city, town or location where the birth parent receives mail.

Electronic Item
state/foreign
country

Enter the U.S. state, U.S. territory or foreign country where the birth parent receives mail.

Electronic Item
mailing address
Zip Code

Enter the Zip Code if the birth parent's mailing address is in a U.S. state or U.S. territory.

Medical Data

Description

The information collected in this section pertains to the birth parent and child's medical data. For pregnancies involving surrogate parents, refer to Other Types of Birth Registration Section.

In this section

Information collected under the "Medical Data" heading includes:

Item Number	Item Title	See Page
Electronic	Did Birth Parent Receive Women, Infants and Children (WIC) food?	166
Electronic	Cigarette Smoking Before or During Pregnancy	166
Electronic	Birth Parent's Pre-pregnancy Weight	166
Electronic	Birth Parent's Weight at Delivery	166
Electronic	Birth Parent's Height	167
Electronic	APGAR Score at 1, 5 and 10 minutes	167
25A	Data Last Normal Menses Began	168
25AA	Date First Prenatal Care Visit	169
25B	Month Prenatal Care Began	170
25BA	Date Last Prenatal Care Visit	171
25C	Number of Prenatal Visits	172
25D	Principle Source of Payment for Prenatal Care	173
26	Birth Weight	175
26A	Obstetric Estimate of Gestation at Delivery	175
26B	Hearing Screening	175
27A	Live Births – Now Living	176
27B	Live Births – Now Dead	176
27C	Date of Last Live Birth	177
27D	Other Terminations – Before 20 Weeks	178
27E	Other Terminations – After 20 Weeks	178
27F	Date of Last Other Termination	179
28A	Method of Delivery	180
28B	Expected Principal Source of Payment for Delivery	182
29	Complications and Procedures of Pregnancy and Concurrent Illness	184
30	Complications and Procedures of Labor and Delivery	185
31	Abnormal Conditions and Clinical Procedures Related to the Newborn	186

Electronic Item
Did the birth
parent receive
WIC food?

Did the birth parent receive WIC food during the pregnancy?

Acceptable entries include:

- Yes
 - No
 - Unknown
-

Electronic Item
cigarette
smoking before
and during
pregnancy

Enter the average number of cigarettes that the birth parent smoked per day:

1. During the three months prior to becoming pregnant with this child.
 2. During the first three months of pregnancy.
 3. During the second three months of pregnancy.
 4. During the third trimester of pregnancy.
-

What to do if...

The table below provides additional instructions for completing this item.

If...	Then...
the birth parent did not smoke	enter 0 for each time period.
the birth parent reports packs of cigarettes smoked	convert packs smoked to cigarettes smoked, at the rate of 20 cigarettes per pack.
no information is provided for one or more of the four time periods	enter <i>Unk</i> for that time period.

Electronic Item
birth parent's
prepregnancy
weight

Enter the birth parent's weight (in pounds) when they became pregnant with this child.

If no information is available, enter *Unk*.

Electronic Item
birth parent's
weight at
delivery

Enter the birth parent's weight (in pounds) at the time of delivery.

If no information is available, enter *Unk*.

Electronic Item
birth parent's
height

Enter the birth parent's height in feet and inches.

If no information is available, enter *Unk*.

Electronic Item
APGAR score
at one, five and
ten minutes

Enter the APGAR score for this child at:
1. One minute after birth.
2. Five minutes after birth.
3. Ten minutes after birth.

What to do if...

The table below provides additional instructions for completing this item.

If...	Then enter...
the APGAR score was not taken for one or more of the three time periods	<i>Unk</i> for that time period.
the APGAR score is unknown for one or more of the three time periods	<i>Unk</i> for that time period.
the APGAR score is not taken	<i>Not Taken</i>

25A
Date last
normal menses
began

Enter the date the last normal menses began in numeric format. Do not leave blank or use dashes to separate the month, day, and year.

NOTE: This information can be obtained from the medical or pre-natal records if necessary.

Example

Format: MM/DD/CCYY
 Example: 12/17/2015

What to do if...

The table below provides additional instructions for completing Item 25A.

If...	Then enter...
the exact date is unknown	the best estimate. You may also ask the birth parent for their original due date and then use the pregnancy wheel to go backwards to find the date of last menses.
the birth parent has no menses prior to pregnancy confirmation	date of conception (estimate) and go backwards two weeks. The doctor can also provide an estimate based on an ultrasound.
the birth parent had a menses prior to pregnancy confirmation	the date last normal menses began.
the birth parent had a menses or bleeding during pregnancy	date of conception (estimate) and go backwards two weeks.
the day is unknown	month and year only, e.g., 12/--/2015
the month and day are unknown	year only, e.g., --/--/2015
the year is unknown, or if no information is available	Unk.

25AA
Date first
prenatal care
visit

Enter the date, in numeric format, of the first prenatal care visit to a physician, certified nurse midwife, nurse practitioner, or physician's assistant. Do not leave blank or use dashes to separate the month, day and year.

Example

Format: MM/DD/CCYY
 Example: 12/10/2015

What to do if...

The table below provides additional instructions for completing 25AA.

If ...	Then enter ...
the day is unknown	month and year only, e.g., 12/--/2015.
the month and day are unknown	year only, e.g., --/--/2015.
the year is unknown, or if no information is available	<i>Unk.</i>
there were no prenatal visits	<i>None.</i>
there was only one prenatal visit	the same information in 25AA and 25BA.
the exact date is unknown	the best estimate

NOTE:

In determining the date of the first prenatal visit:

- do not include visit to confirm pregnancy
- do not include emergency room visits for non-pregnancy related problems
- do not include visits to a nutritionist, dietitian, health educator, or other health care professional not listed above.

25B
Month prenatal
care began

Enter the month of the pregnancy in which the birth parent first received prenatal care, e.g., 1st, 2nd, 3rd, etc.

Do **not** enter the name of the month, e.g., January, etc. Do **not** leave this item blank.

NOTE:

- If no prenatal care was received, enter *None* in Items 25AA (Date First Prenatal Care Visit) and in 25BA (Date Last Prenatal Care Visit). Enter *0* in Items 25B (Month Prenatal Care Began) and in 25C (Number of Prenatal Visits) and enter a *00* in Item 25D (Principal Source of Payment for Prenatal Care).
- If the exact month of pregnancy in which prenatal care began is unknown, enter the best estimate.
- If absolutely no information is available, enter *Unk*.

REFERENCE: Health and Safety Code Section 102425(b)

25BA
Date last
prenatal care
visit

Enter the date, in numeric format, of the last prenatal care visit to a physician, certified nurse midwife, nurse practitioner, or physician's assistant. Do not leave blank or use dashes to separate the month, day and year.

Example

Format: MM/DD/CCYY
 Example: 12/10/2015

What to do if...

The table below provides additional instructions for completing 25AA.

If ...	Then enter ...
the day is unknown	month and year only, e.g., 12/--/2015
the month and day are unknown	year only, e.g., --/--/2015.
the year is unknown, or if no information is available	<i>Unk.</i>
there were no prenatal visits	<i>None.</i>
there was only one prenatal visit	the same information in 25AA and 25BA.
the exact date is unknown	the best estimate

NOTE:

In determining the date of the last prenatal visit:

- do not include visit to confirm pregnancy
- do not include emergency room visits for non-pregnancy related problems
- do not include visits to a nutritionist, dietitian, health educator, or other health care professional not listed above.

**25C
Number of
prenatal visits**

Enter the estimated number (1 through 98) of prenatal care visits to a physician, certified nurse-midwife, nurse practitioner, or physician's assistant. Do **not** leave blank.

**Acceptable
entries**

Acceptable entries also include:

- Unk
- 0, if no prenatal care was received

NOTE:

In determining the number of prenatal visits:

- do **not** include visit to confirm pregnancy
- do **not** include emergency room visits for non-pregnancy related problems
- do **not** include visits to a nutritionist, dietitian, health educator, or other health care professional not listed above
- do **not** include stress tests or ultrasound

REFERENCE: Health and Safety Code Section 102425(b)(6)

25D
Principal
source of
payment for
prenatal care

Enter only one code from the *Medical Data Supplemental Worksheet* (VS 10A) to indicate the principal source of payment for prenatal care. Do **not** leave this item blank or enter free text.

Code	Name	Description
02	Medi-Cal, without CPSP Support Services	Title XIX of the Federal Medicare Act (PL 89-971). Refer to Code 13 for a definition of the Medi-Cal CPS Program.
05	Other Government Programs (Federal, State, Local)	Any form of payment by government agencies, whether federal (including Indian Health Service, or CHAMPUS/TRICARE), state, or local except Medi-Cal.
07	Private Insurance Company	Payment covered by any private or commercial insurance carrier, including Health Maintenance Organizations.
09	Self Pay	Payment directly by the patient, relatives, or friends.
13	Medi-Cal, with CPSP Support Services	This program allows for expanded Medi-Cal reimbursement for providers in the Comprehensive Perinatal Services (CPS) Program. Providers can receive reimbursement for care given to Medi-Cal eligible women for assessment, reassessment, and intervention services in obstetrics, nutrition, health education, psycho-social, and prenatal vitamin and mineral supplements.
14	Other	Any third-party payment not included in the above options. Coded here is payment by self-insured or self-funded plans, or by local organized charities, such as the Cerebral Palsy Foundation. (This category does not include an unknown payment source.)

Continued on next page

Code	Name	Description
00	No prenatal care	This code may only be used if 0 was entered in Item 25B (Month Prenatal Care Began) and 0 was entered in Item 25C (Number of Prenatal Visits).
99	Unknown	This code may be used if absolutely no information regarding the source of payment for prenatal care is available.

26
Birth weight

Convert the child's birth weight from pounds and ounces to grams and enter in Item 26. Enter full grams only. Do **not** use decimals.

See Conversion table on page 187.

NOTE:

If birth weight is under 1,000 grams and Item 15A (Date of Death) is blank, or the birth weight is over 6,500 grams, the local registrar must:

- confirm the accuracy of birth weight with the hospital
- document the confirmation on the back of the certificate to include the name of person who verified the birth weight, date verified, and the initials of the person who contacted the hospital for verification

26A
Obstetric estimation of gestation at delivery

Enter the obstetric estimate of gestation in completed weeks based on the birth attendant's final estimate of gestation which should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam. Do not round-up.

Acceptable entries

Acceptable entries also include *Unk.*

26B
Hearing screening

Enter the results of the newborn hearing screening test.

What to do if...

The table below provides additional instructions for completing this item.

If...	Then enter...
both ears passed test	Pass (both ears).
one ear passed test, one ear failed test	Refer (one ear).
both ears failed test	Refer (both ears).
the newborn has been screened, but the test results are not currently known	Results pending.
the parent(s) refuse the screening test	Waived.
the newborn was not screened due to a medical condition	Not Med indicated.
screening is not offered, or the newborn has not been screened by the time that the birth certificate is completed	Test not available.

27A
Live births now
living

Count all births now living except this child.

What to do if...

The table below provides additional instructions for completing this item.

If...	Then...
this child is a twin, triplet, etc.	include the first sibling(s) if now living.
no previous live births	enter <i>0</i> .
no information is available	enter <i>Unk.</i>

27B
Live births now
dead

Count all live births now dead.

What to do if...

The table below provides additional instructions for completing Item 27B.

If...	Then...
this child is a first twin	count the second twin if now dead.
this child is a second twin	count the first twin if now dead.
no previous live births now dead	enter <i>0</i> .
no information is available	enter <i>Unk.</i>

27C
Date of last live birth

Enter the date of last live birth in numeric format.

Do **not** use dashes to separate month, day, and year.

Example

Format: MM/DD/CCYY
 Example: 12/17/2015

Unacceptable entries

Unacceptable entries:

- withheld
- refused
- not given
- declined
- blank

What to do if...

The table below provides additional instructions for completing Item 27C.

If...	Then ...
the day is unknown	enter month and year only, e.g., 12/--/2015.
the month and day are unknown	enter year only, e.g., --/--/2015.
the year is unknown, or if no information is available	enter <i>Unk.</i>
the entry is greater than 0 in Items 27A or 27B	dashes may not be entered in Item 27C.
no previous live births, either living or dead	enter a dash (-).
this child is a second twin	enter birth date of the first twin.

27D
Other
termination
before 20 weeks

Enter the number of terminations that occurred prior to 20 weeks into pregnancy (20 weeks gestational age). Exclude induced abortions.

What to do if...

The table provides additional instructions for completing Item 27D.

If...	Then...
this child is a second twin	count the first twin if terminated prior to 20 weeks gestational age.
information is not available	enter <i>Unk.</i>
none	enter <i>0.</i>
a prior pregnancy resulted in multiple fetuses	count all fetuses terminated prior to 20 weeks.

27E
Other
terminations
after 20 weeks

Enter the number of all previous other terminations that occurred at or after 20 weeks into pregnancy (20 weeks gestational age). Exclude induced abortions.

What to do if...

The table below provides additional instructions for completing Item 27E.

If...	Then...
this child is a second twin	count the first twin if terminated after 20 weeks gestational age.
information is not available	enter <i>Unk.</i>
none	enter <i>0.</i>
a prior pregnancy resulted in multiple fetuses	count all fetuses terminated after 20 weeks.

27F
Date of last/other
termination

Enter the month and year only for date of last termination.
 Do **not** leave blank.

Example

Format: MM/CCYY
 Example: 12/2015

Acceptable
entries

Acceptable entries also include:

- dash
- unknown

What to do if...

The table below provides additional instructions for completing Item 27F.

If...	Then...
the month is unknown	enter year only, e.g., --/2015.
the year is unknown, or if no information is available	enter <i>Unk.</i>
the entry is greater than 0 in Items 27D or 27E	dashes may not be entered in Item 27F.
no previous terminations	enter a dash (-).

**28A (A-E)
Method of
delivery**

Enter the appropriate code(s) or number from each section (A, B, C, D, E) of the VS 10A for this item. Separate each section entry with a comma. Do not enter free text, or leave any section blank.

**28A (A)
Final delivery
route**

Enter one code for the final route of delivery.

**Acceptable
entries**

Valid codes are:

01	Cesarean – primary
11	Cesarean – primary, with trial of labor attempted
21	Cesarean – primary, with vacuum
31	Cesarean – primary, with vacuum and trial of labor attempted
02	Cesarean – repeat
12	Cesarean – repeat, with trial of labor attempted
22	Cesarean – repeat, with vacuum
32	Cesarean – repeat, with vacuum and trial of labor attempted
03	Vaginal – spontaneous
04	Vaginal – spontaneous, after previous Cesarean
05	Vaginal – forceps
15	Vaginal – forceps, after previous Cesarean
06	Vaginal – vacuum
16	Vaginal – vacuum, after previous Cesarean

**28A (B)
Previous
Cesarean(s)
How many?**

Enter the number of Cesarean deliveries the birth parent had prior to this delivery.

What to do if...

The table below provides additional instructions for completing this section.

If...	Then enter...
there were no previous Cesareans	0
there were previous Cesareans	the number (1-9).
no information is available	Unk

28A (C)
Fetal
presentation at
birth

Enter one code for fetal presentation at birth.

Acceptable
entries

Valid codes are:

20	Cephalic fetal presentation at delivery
30	Breech fetal presentation at delivery
40	Other fetal presentation at delivery
90	Unknown

28A (D)
Vaginal delivery
with forceps
attempted, but
unsuccessful

Enter the code which indicates whether or not a vaginal delivery with forceps was attempted, but was unsuccessful.

Acceptable
entries

Valid codes are:

50	Yes
58	No
59	Unknown

28A (E)
Vaginal delivery
with vacuum
attempted, but
unsuccessful

Enter the code which indicates whether or not a vaginal delivery with vacuum was attempted, but was unsuccessful.

Acceptable
entries

Valid codes are:

60	Yes
68	No
69	Unknown

28B
Expected
principal source
of payment for
delivery

Enter only one code from the VS 10A which indicates the expected principal source of payment for delivery. Do **not** leave this item blank or enter free text.

Definition

The expected principal source of payment is the one which is expected to pay the greatest share of the birth parent's bill for delivery.

Code	Name	Description
02	Medi-Cal	The payment category defined in Title XIX of the Federal Medicare Act (PL 89-971).
05	Other Government Programs (Federal, State, Local)	Any form of payment by government agencies, whether federal, state, or local <i>except</i> Medi-Cal, Indian Health Service, or CHAMPUS/TRICARE.
07	Private Insurance Company	Payment covered by any private or commercial insurance carrier, including Health Maintenance Organizations.
09	Self pay	Payment directly by the patient, relatives, or friends.
15	Indian Health Service	The federal health program for American Indians and Alaska Natives.
16	CHAMPUS/TRICARE	The Department of Defense health care program for members of the uniformed services, their families and survivors, and retired members and their families.
14	Other	Any third-party payment not included in the above options. Coded here is payment by self-insured or self-funded plans, or by local organized charities, such as the Cerebral Palsy Foundation. (This category does not include an unknown payment source.)

Continued on next page

Code	Name	Description
00	Medically unattended delivery	This code may only be used if the delivery is unattended by medical personnel and there is no expected source of payment.
99	Unknown	This code may be used if absolutely no information regarding source of payment for delivery is available.

29
Complications
and procedures
of pregnancy
and concurrent
illnesses

Enter up to 12 codes from Item 29 on the VS 10A for the most important complications and/or procedures.

Do **not** enter free text. Do not leave this item blank. Do **not** enter dashes.

DIABETES		INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY	
09	Prepregnancy (Diagnosis prior to this pregnancy)	42	Chlamydia
31	Gestational (Diagnosis in this pregnancy)	43	Gonorrhea
		44	Group B streptococcus
		18	Hepatitis B (acute infection or carrier)
		45	Hepatitis C
		16	Herpes simplex virus (HSV)
		46	Syphilis
HYPERTENSION		PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES	
03	Prepregnancy (Chronic)	51	Chlamydia
01	Gestational (PIH, Preeclampsia)	52	Gonorrhea
02	Eclampsia	53	Group B streptococcal infection
		54	Hepatitis B
		55	Human immunodeficiency virus (offered)
		56	Syphilis
OTHER COMPLICATIONS/ PREGNANCIES		NONE OR OTHER COMPLICATIONS/ PROCEDURES NOT LISTED	
32	Large fibroids	00	None
33	Asthma	30	Other Pregnancy Complications/Procedures not Listed
34	Multiple pregnancy (more than 1 fetus this pregnancy)		
35	Intrauterine growth restricted birth this pregnancy		
23	Previous preterm birth (<37 weeks gestation)		
36	Other previous poor pregnancy outcomes (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)		
OBSTETRIC PROCEDURES			
24	Cervical cerclage		
28	Tocolysis		
37	External cephalic version – Successful		
38	External cephalic version – Failed		
39	Consultation with specialist for high risk obstetric services		
PREGNANCY RESULTED FROM INFERTILITY TREATMENT			
40	Fertility-enhancing drugs, artificial insemination or intrauterine insemination		
41	Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))		

What to do if...

The table below provides additional instructions for completing Item 29.

If...	Then enter...
there are multiple complications	each two-digit code separated by a comma, e.g., 09, 03, 32, etc.
there are no complications	00.
there is no information available	Unk.

30
Complications
and procedures
of labor and
delivery

Enter up to 9 codes from Item 30 on the VS 10A for the most important complications or procedures.

Do **not** enter free text. Do not leave this item blank. Do **not** enter dashes.

ONSET OF LABOR		COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES	
10	Premature rupture of membranes (≥ 12 hours)	38	Rupture of membranes prior to onset of labor
07	Precipitous labor (< 3 hours))	13	Abruptio placenta
08	Prolonged labor (≥ 20 hours)	39	Placental insufficiency
CHARACTERISTICS OF LABOR AND DELIVERY		20	Prolapsed cord
11	Induction of labor	17	Chorioamnionitis
12	Augmentation of labor	MATERNAL MORBIDITY	
32	Non-vertex presentation	24	Maternal blood transfusion
33	Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery	40	Third or fourth degree perineal laceration
34	Antibiotics received by the mother during labor	41	Ruptured uterus
35	Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}(100.4^{\circ}\text{F})$	42	Unplanned hysterectomy
19	Moderate/heavy meconium staining of the amniotic fluid	43	Admission to ICU
36	Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery	44	Unplanned operating room procedure following delivery
37	Epidural or spinal anesthesia during labor	NONE OR OTHER COMPLICATIONS/ PROCEDURES NOT LISTED	
25	Mother transferred for delivery from another facility for maternal medical or fetal indications	00	None
		31	Other Labor/Delivery Complications/ Procedures not Listed

What to do if...

The table below provides additional instructions for completing Item 30.

If...	Then enter...
there are multiple complications	each two-digit code separated by a comma, e.g., 10, 11, 24, etc.
there are no complications	00.
there is no information available	Unk.

31
Abnormal
conditions and
clinical
procedures
relating to the
newborn

Enter up to 10 codes from Item 31 on the VS 10A for the most important conditions and/or procedures.

Do **not** enter free text. Do not leave this item blank. Do **not** enter dashes.

CONGENITAL ANOMALIES		ABNORMAL CONDITIONS	
01	Anencephaly	66	Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
02	Meningomyelocele/Spina bifida		
76	Cyanotic congenital heart disease		
77	Congenital diaphragmatic hernia		
78	Omphalocele		
79	Gastroschisis		
80	Limb reduction defect (excluding congenital amputation and dwarfing syndromes)		
28	Cleft palate alone	71	Assisted ventilation required immediately following delivery
29	Cleft lip alone		
30	Cleft palate with cleft lip	85	Assisted ventilation required for more than 6 hours
57	Down's Syndrome – Karyotype confirmed		NICU admission
81	Down's Syndrome – Karyotype pending	73	Newborn given surfactant
82	Suspected chromosomal disorder – Karyotype confirmed	86	replacement therapy
83	Suspected chromosomal disorder – Karyotype pending	87	Antibiotics received by the newborn for suspected neonatal sepsis
35	Hypospadias	70	Seizure or serious neurological dysfunction
88	Aortic stenosis	74	Newborn transferred to another facility within 24 hours of delivery
89	Pulmonary stenosis		
90	Atresia		
62	Additional and unspecified congenital anomalies not listed above		
			NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED
			None
		00	Other Conditions/Procedures not
		75	Listed

What to do if... The table below provides additional instructions for completing Item 31.

If...	Then enter...
there are multiple abnormal conditions	each two-digit code separated by a comma, e.g., 01, 29, 73, etc.
there are no abnormal conditions	00.
there is no information available	Unk.

BIRTH

TABLE FOR CONVERTING POUNDS AND OUNCES TO GRAMS

OUNCES																	
P O U N D S		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	0	--	28	57	85	113	142	170	198	227	255	284	312	340	369	397	425
	1	454	482	510	539	567	595	624	652	680	709	737	765	794	822	851	879
	2	907	936	964	992	1021	1049	1077	1106	1134	1162	1191	1219	1247	1276	1304	1332
	3	1361	1389	1418	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1758	1786
	4	1814	1843	1871	1899	1928	1956	1985	2013	2041	2070	2098	2126	2155	2183	2211	2240
	5	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2552	2580	2608	2637	2665	2693
	6	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3119	3147
	7	3175	3204	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3572	3600
	8	3629	3657	3686	3714	3742	3771	3799	3827	3856	3884	3912	3941	3969	3997	4026	4054
	9	4082	4111	4139	4167	4196	4224	4253	4281	4309	4338	4366	4394	4423	4451	4479	4508
	10	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4820	4848	4876	4905	4933	4961
	11	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5387	5415
	12	5443	5472	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5840	5868
	13	5897	5925	5954	5982	6010	6039	6067	6095	6124	6152	6180	6209	6237	6265	6294	6322
	14	6350	6379	6407	6435	6464	6492	6521	6549	6577	6606	6634	6662	6691	6719	6747	6776
15	6804	6832	6861	6889	6917	6946	6974	7002	7031	7059	7088	7116	7144	7173	7201	7229	
1 Ounce = 28.35 Grams 1 Pound = 453.60 Grams EXAMPLE: 8 Pounds, 2 Ounces = 3,686 Grams																	

Social Security Numbers

Description The information collected in this section pertains to the parents' Social Security Numbers (SSN).

Both parents should provide their social security numbers in order for the child to receive an automatic social security number through the Newborn Automatic Number Assignment (NANA) program. However, it is not required that parents provide their social security numbers.

REFERENCE: Health and Safety Code Section 102425(d)

**32
Parent
(listed in 6A-6C)
SSN** Enter this parent's nine-digit SSN including the dashes that separate the segments.

Example 444-44-4444

What to do if... The table below provides additional instructions for completing Item 32.

If...	Then enter...
the parent refuses to provide SSN	<i>Withheld.</i>
the parent does not have a SSN	<i>None.</i>
information is not available	<i>Unk.</i>

**33
Parent
(listed in 9A-9C)
SSN** Enter this parent's nine-digit SSN including the dashes that separate the segments.

Example 555-55-5555

Continued on next page

What to do if... The table below provides additional instructions for completing Item 33.

If...	Then enter...
the parent refuses to provide SSN	<i>Withheld.</i>
the parent does not have a SSN	<i>None.</i>
information is not available	<i>Unk.</i>

State Registrar Items

Description The boxes located at the bottom of the birth certificate are for CDPH-VR use only. If the hospital is using an electronic birth registration system, the values are system generated.

Coded Items The information that is coded for each box is provided in the table below.

Item	Item Subject	See Page
A	Hospital Code	191
B	Birth Parent's County of Residence	191
D	Type of Attendant/Certifier	191
F	NANA	191
Census Tract	Census Tract	192

**Box A
Hospital Code**

The code assigned to the hospital or place of birth as reported in place of birth (Item 5A).

**Box B
Birth Parent's
County of
Residence**

The code assigned to the county where the birth parent usually resides as reported in Item 24B, or if the birth parent resides outside of California, the code corresponding to the resident state or country of the birth parent.

**Box D
Type of
Attendant/
Certifier**

Type of attendant/certifier who signed in Item 13 to verify the fact of birth.

**Box F
NANA**

Codes indicating the parents desire to have this birth information

- (1) sent to the SSA for issuance of a SSN for the child, and
- (2) only allow the CDPH to see whether a social security number has been assigned.

NOTE:

The mailing address for the birth parent, if different from the birth parent's residence address, will be used in conjunction with Box F to issue a SSN for the child. A SSN can only be issued through the birth registration process if the address is within a U.S. state, the District of Columbia, or Puerto Rico.

A sample consent form is on page 196. Individual facilities may photocopy this sample, or they may incorporate the consent into their own worksheet.

Continued on next page

What to do if... The table below provides specific instructions for completing Box F when the NANA work sheet is completed as follows:

If...	Then enter...
questions 1 and 2 were both answered Yes	YY.
question 1 was answered Yes and question 2 was answered No	YN.
questions 1 and 2 were answered No	NN.
the baby is to be adopted	Consult with the parents.
This was a surrogate pregnancy	Consult with the intended parents.
the parent(s) have no permanent address	Consult with the parents. They may have an address where they can receive mail.
the parent(s) did not sign the NANA form	NN.
the baby is not yet named	Inform the parents that the SSA may not issue a card without a name.
the hospital is not on an electronic birth registration system	NN.
hospital does not participate in NANA	NN.

NOTE:

A blank entry must be treated as a No.

Census Tract

A code based on the most recent publication of census tracts, indicating a specific geographic location for the birth parent's residence is entered in this box.

Use this page for notes.

Numbering the Birth Certificate

Description The Local Registration Number (LRN) is in the upper right corner of the certificate. This number is used to track and identify certificates which are approved and registered by the local registrar.

Format The LRN consists of 13-digits entered in the following format:

- 1 to indicate a birth event
- four numbers indicating the century and year of event
- two numbers indicating the local registration district code
- six numbers indicating the consecutive number of the birth for that year

Example 1 2016 34 000001

The above example LRN is for a birth that occurred in 2016 in Sacramento County and was the first birth registered in the county. The first certificate registered in each calendar year is numbered 000001 and each succeeding document receives the next number.

NOTE:

The year of event in the LRN must match the year of the birth in Item 4A (Date of Birth). The LRD code in the LRN must match the county identified in Item 5D.

LRD Codes

The table below provides the numeric codes for each LRD.

Numeric Codes for Local Registration Districts					
LRD Code	LRD	LRD Code	LRD	LRD Code	LRD
01	Alameda	21	Marin	41	San Mateo
02	Alpine	22	Mariposa	42	Santa Barbara
03	Amador	23	Mendocino	43	Santa Clara
04	Butte	24	Merced	44	Santa Cruz
05	Calaveras	25	Modoc	45	Shasta
06	Colusa	26	Mono	46	Sierra
07	Contra Costa	27	Monterey	47	Siskiyou
08	Del Norte	28	Napa	48	Solano
09	El Dorado	29	Nevada	49	Sonoma
10	Fresno	30	Orange	50	Stanislaus
11	Glenn	31	Placer	51	Sutter
12	Humboldt	32	Plumas	52	Tehama
13	Imperial	33	Riverside	53	Trinity
14	Inyo	34	Sacramento	54	Tulare
15	Kern	35	San Benito	55	Tuolumne
16	Kings	36	San Bernardino	56	Ventura
17	Lake	37	San Diego	57	Yolo
18	Lassen	38	San Francisco	58	Yuba
19	Los Angeles	39	San Joaquin	61	Berkeley
20	Madera	40	San Luis Obispo	62	Long Beach
				63	Pasadena

SFN

The SFN is the sequential number assigned by CDPH-VR in the space provided in the top left corner of the certificate.

Newborn's Automatic Number Assignment

NOTICE TO PARENTS: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

If you choose to participate in this program, and the parent(s) Social Security Number(s) are provided on the birth certificate, the parent(s) Social Security Number(s) will be disclosed to the Internal Revenue Service. The Social Security Number(s) will be used by the Internal Revenue Service solely for the purpose of tax benefits based on support or residence of a child, pursuant to 42 USC 405 (c)(2) as amended by Section 1090(b) of Public Law 105-34. For further information about this program, please contact the Social Security Administration at (800) 772-1213.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the web site at www.cdph.ca.gov.

NEWBORN AUTOMATIC NUMBER ASSIGNMENT (NANA)

Baby's Name as Reported on Birth Certificate

(A Social Security number cannot be issued for a child that has not been named.)

1. Do you want a Social Security number for your new baby? ☐ Yes ☐ No
2. May the Social Security Administration share it with the California Department of Public Health? ☐ Yes ☐ No

Parent's Signature

Parent's Name (Please print)

Medical Record Number

Instructions to Birth Clerks: This consent form is to be completed and signed by the newborn's parent(s). After proper coding of Box F on the birth certificate, RETAIN THIS FORM in the parent's medical records.

OTHER TYPES OF
BIRTH REGISTRATION

Other Types of Birth Registration

Overview

This section includes registration procedures for other types of births, e.g., finding of an unidentified child or safely surrendered child, surrogate births, out-of-hospital births, and procedures for delayed and court ordered delayed birth registration.

In this section

Information contained in this section includes:

Subsection Title	See Page
Certificate of Finding of Unknown Child or Safely Surrendered Child (VS 136)	203
Registration of Surrogate Births	206
Delayed Registration of Birth (VS 85)	210
Court Order Delayed Registration of Birth (VS 108)	214
Out-of-Hospital Birth Registration	216
Sample: Certificate of Finding of Unknown Child (VS 136)	218
Sample: Safely Surrendered Child (VS 136)	219
Sample: Delayed Registration of Birth (VS 85)	220
Sample: Court Order Delayed Registration of Birth (VS 108)	221

OTHER TYPES OF BIRTH REGISTRATION

Use this page for notes.

Certificate of Finding of Unknown Child or Safely Surrendered Child

Description

A VS 136 for an unidentified **live** child of less than one year of age is to be registered with the local registrar of births and deaths by the person or institution with whom the child is placed within four days following the finding. See sample of the VS 136 on pages 218 and 219.

The VS 136 must also be used to register the birth of any Safely Surrendered child, regardless if the child was actually born in the hospital or dropped off. In doing so, the personal data of the parents will remain confidential as mandated by California law.

NOTE:

If a certificate is not filed within a year from the date of the finding, a VS 85 will be required. See page 210 for instructions on completing the VS 85.

REFERENCE: Health and Safety Code Sections 1255.7(k) and 102500

Completing the VS 136

The certificate is to be as complete as possible, including:

- name of child as given by the person or institution with whom the child is placed (Items 1A through 1C)
- sex (Item 2)
- race (Item 3)
- legal date of birth (determined as closely as possible) (Item 4)
- date of finding (Item 5)
- place of finding (Items 6A through 6B)
- name of the person or institution with whom the child is placed (Item 7)
- address of person or institution (Items 8A through 8D)
- certification of finding (Items 9A through 10D)
- certification of surrender (Items 11A through 12D)

REFERENCE: Health and Safety Code Sections 102505 and 102510

AVSS Users

If the VS 136 is being prepared for a child that is Safely Surrendered, please add “Safe Surrender” to the comments section in AVSS.

If the VS 136 is being prepared for a child that is a Certificate of Finding of Unknown Child, please add “Certificate of Finding of Unknown Child” to the comments section in AVSS.

The comments section may be accessed by editing the record after the file is recorded. If you have any questions regarding this procedure, please contact AVSS.

What to do if...

The table below provides instructions for completing the birth certificate, when the birth is a safely surrendered or certificate of finding of unknown child.

If...	Then...
a baby is born in a hospital or other California location and the birth parent or individual who has lawful custody of the child either states they want to safely surrender the baby that is 72 hours old or younger or abandons a child at a designated safe surrender site or within a public or private hospital (Health & Safety Code Section 1255.7)	this is considered a safely surrendered child. A VS 136 should be prepared certifying that this is a safely surrendered child.
a baby is born in a hospital or other California location and the birth parent or individual who has lawful custody of the child states they want to safely surrender the baby that is over 72 hours old at a designated safe surrender site or within a public or private hospital	a VS 136 should NOT be prepared since the child is over 72 hours. Contact the county social services for guidance.
a birth certificate is registered and signed by the birth parent and within 72 hours of the child's birth, they surrender the baby	a safe surrender birth certificate is not required as a regular birth certificate would have been prepared upon birth of the child.

OTHER TYPES OF BIRTH REGISTRATION

If ...	Then ...
the birth parent drops the baby off at a designated safe surrender site (i.e., hospital or fire department or other designated areas) and the baby is 72 hours old or younger	this is considered a safely surrendered child. A VS 136 should be prepared.
a baby is born in a hospital or other California location and the birth parent states they want to put their baby up for adoption	this is considered an adoption. A VS 10D should be prepared. After adoption of the child, a new birth certificate will be prepared.
an unidentified live child of less than one year of age is found	A VS 136 form should be prepared, completing the Certification of Finding of Unknown Child portion.
a regular birth certificate is prepared for a child that is later surrendered	a court order is required to seal the birth certificate and obtain a safely surrendered certificate.

The VS 136 shall be processed, numbered, and filed in the same manner as a regular birth certificate. The local registration number shall be sequential with regular birth registrations.

NOTE:

How to process

- If the child is identified after the VS 136 is filed, and a VS 10D is located or obtained, that fact is to be reported to CDPH-VR. At that time, the VS 136 will be sealed by CDPH-VR and the LRD will be notified. The LRD shall not remove the VS 136 until instructed to do so by the State.
- If the child is identified but no birth certificate is located, one must be registered on the basis of information available.
- Upon adoption of the child, the VS 136 will be sealed and a new birth certificate prepared.

REFERENCE: Health and Safety Code Sections 102515 and 102520

Certified copy

After the VS 136 is registered, certified copies may be made available from the county office or state registrar, upon submission of an application, notarized sworn statement (if applicable) and payment of the required fee.

Registration of Surrogate Births

Overview In cases of surrogate pregnancies, all information on the birth certificate should be factual information based on the gestational (birth) parent, unless otherwise specified in a court order. However, the birth parent's address (Items 24A-24E) must always contain the address of the gestational (birth) parent.

Definitions Surrogate is the person who gestates for another.

Genetic mother is the person who produces an egg that results in an embryo.

Gestational (birth) parent is the person who gestates an embryo throughout the pregnancy.

Intended parent(s) are the person(s) named in a court order, as the parent(s) of the child.

AVSS Users Please add "Surrogate Birth" to the comments section in AVSS.

The comments section may be accessed by editing the record after the file is recorded. If you have any questions regarding this procedure, please contact AVSS.

What to do if... The table below provides additional instructions for completing the birth certificate when the birth involves a surrogate pregnancy.

If...	Then...
the pregnancy involves a surrogate parent (including surrogates that are the gestational parent only and surrogates that are both the gestational and genetic parent)	based upon a certified order from a Superior Court, the names of the "intended" parent(s) may be listed on the original birth certificate (Items 6A-11). The personal information for the genetic parents should be listed in Items 18-23C. However, if either parent makes an objection, these items may be withheld (Health and Safety Code Section 102425(c)). The birth parent's residence address field may not be left blank and must include the gestational parent's address (Items 24A-24E). The Medical Data Section on the birth certificate must contain information based on the gestational parent only (Items 25A-31).
C a gestational (birth) parent has a baby and the biological parents do not have a court order	the hospital should wait approximately 7 or 8 days after the birth to receive the court order. If after that time the court order has not been submitted, the hospital should prepare the birth certificate with the gestational (birth) parent's information. The birth certificate must be registered within 10 days according to the law (Health and Safety Code Section 102400).

Continued on next page

OTHER TYPES OF BIRTH REGISTRATION

<p>a Superior Court Order stipulates two persons to be listed as parents on the birth certificate</p>	<p>the “intended” parents may be listed on the birth certificate based upon a certified Superior Court Order. One person may be listed as the parent in Items 6A-6C and one person may be listed as the parent in Items 9A-9C. The personal information for the genetic parents should be listed in Items 18-23C. However, if either parent makes an objection, these items may be withheld (Health and Safety Code 102425(c). The birth parent’s residence address field may not be left blank and must include the gestational parent’s address (Items 24A-24E). The Medical Data Section on the birth certificate must contain information based on the gestational parent only (Items 25A-31).</p>
<p>this is a surrogate pregnancy for a single parent adoption</p>	<p>follow the previous instructions. The “intended” single parent may only be listed on the birth certificate in Items 9A-9C. Item 9C may not be left blank. The personal information for the genetic parents is to be listed in Items 18-23C. However, if the parent makes an objection, these items may be withheld (Health and Safety Code 102425(c). The birth parent’s residence address may not be left blank and must include the gestational parent’s address (Items 24A-24E). The Medical Data Section on the birth certificate must contain information on the gestational parent only (Items 25A-31).</p>

REFERENCE: Health and Safety Code Section 102425(c)

Continued on next page

OTHER TYPES OF BIRTH REGISTRATION

NOTE:

Current law does not authorize hospitals and local registrars to omit the name of the person giving birth in Items 9A-9C, birth parent's address in Items 24A-24E, or to alter the birth certificate form. Certified court orders requesting that the person giving birth's information be omitted or the birth certificate form be altered, are no longer required to be forwarded to CDPH-VR with the birth certificate.

REFERENCE: Health and Safety Code Section 102725

OTHER TYPES OF BIRTH REGISTRATION

Use this page for notes.

Delayed Registration of Birth

Overview Any birth not registered within one year of the date of birth must be registered with the State Registrar by completing a VS 85. See sample of VS 85 on page 220.

NOTE:

Birth certificates submitted for registration beyond the 10-day mandate may be accepted by the local registrar, but they must be properly registered within one year of the date of birth.

REFERENCE: Health and Safety Code Sections 102525 through 102610

Who may file The application for a VS 85 shall be made only by the person whose birth is being registered if he or she is 18 years of age or over at the time of filing the application. If the applicant is under 18 years of age, the application shall be made only by the parents, legal guardian, or the attending physician or principal attendant at birth.

NOTE:

Before the person applies for a Delayed Registration of Birth, please advise the applicant to confirm that they do not have a registered birth certificate on file with the State Registrar.

Required evidence

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 through 18E on the VS 85). 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, which confirm the date and place of birth. One document must confirm parentage.
-

Continued on next page

OTHER TYPES OF BIRTH REGISTRATION

If the person whose birth is being registered is 12 years of age or over:

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

NOTE:

If the child whose birth is being registered is under 2 years of age the documents must have been established within the first 6 months of the child's life. The following may be used to document the birth:

- documentation on a physician's letterhead
- newborn screening test
- ambulance records if the child was transported to the hospital shortly after the birth

REFERENCE: Health and Safety Code Section 102585

Documentary evidence

Original or certified copies of documents which show birth information are considered documentary evidence.

Suggested documents that may verify date and place of birth or parentage of the person whose birth is being registered are:

- hospital records of birth and other medical records (not immunization records or "souvenir" copies of birth records)
- school, census, social security, military service, or voting registration records. If school records are used the school must "seal" the documents in a school envelope which is not to be opened by the applicant.
- certificates of registry of marriage
- newspaper notice of the birth

REFERENCE: Health and Safety Code Section 102580

OTHER TYPES OF BIRTH REGISTRATION

What is submitted with the delayed registration form?

If the child was born January 1, 1995 or later:

- Completed VS 85
 - Documentary evidence and affidavits
 - Certified copy of parents' marriage certificate or POP form (not necessary if birth was prior to January 1, 1995)
 - Notarized sworn statement to receive certified copy
 - Processing fee
-

Registration

The above information is mailed to the State Registrar. Upon receipt, the State Registrar will verify all information contained in the documents. The birth shall be registered if the application and evidence submitted comply with the requirements.

Priority processing

AB 1413 (Chapter 315, Statutes of 2003) requires that the State Registrar give priority to the processing of an application for delayed registration of birth for a child who has been adjudged a dependent of, and who is subject to the jurisdiction of, the juvenile court pursuant to Section 300 of the Welfare and Institutions Code

REFERENCE: Health and Safety Code Section 102600(b)

Certified copy

The State Registrar shall send a certified copy of the delayed certificate of birth to the applicant without additional cost.

Local office copies

The State Registrar shall send a copy of the birth certificate to the county recorder within the jurisdiction where the birth occurred.

OTHER TYPES OF BIRTH REGISTRATION

Use this page for notes.

Court Order Delayed Registration of Birth

Description	<p>When an applicant cannot provide sufficient documentation for a delayed registration (if the birth is being registered after one year from the date of birth), the State Registrar will advise the applicant of the right to file a VS 108. See sample on page 221.</p> <p>REFERENCE: Health and Safety Code Section 103450</p>
Where to file	<p>The petition may be filed with the superior court of the county where the event allegedly occurred or in the applicant's county of residence.</p> <p>REFERENCE: Health and Safety Code Section 103450</p>
Who may file	<p>Any beneficially interested person, e.g., a parent, grandparent, social worker, etc., may file a petition upon payment of the required fee with the county clerk of the superior court for an order judicially establishing the facts of birth if there is no birth record on file.</p> <p>Health and Safety Code Sections 103450 and 103470</p>
Verified petition	<p>The clerk of the Superior Court must verify that the proof of birth presented by the petitioner contains all the facts necessary to enable the court to determine the fact of and the time and place of birth.</p> <p>If the time and place of birth are not known, the petition shall contain all of the facts of birth as accurately as the circumstances permit. The petition shall be verified as to the known facts only.</p> <p>REFERENCE: Health and Safety Code Sections 103455 and 103460</p>
Court hearing	<p>Upon filing of the petition a hearing shall be scheduled by the clerk and at the convenience of the court not less than five nor more than 10 days after the filing of the petition.</p> <p>REFERENCE: Health and Safety Code Section 103465</p>

OTHER TYPES OF BIRTH REGISTRATION

Order of court	<p>If the allegations of the petition are established to the satisfaction of the court, the court may make an order determining that the birth did in fact occur at the time and place shown by the proof presented at the hearing.</p> <p>If the actual time and place of birth are unknown, the court considers the evidence and testimony available, and by court order, establishes the time and place of birth.</p>
Form of order	<p>The order shall be made on the VS 108.</p>
Filing the VS 108	<p>The VS 108 becomes effective after the applicant submits a court certified copy of the VS 108 with the required filing fee to the State Registrar.</p> <p>REFERENCE: Health and Safety Code Section 103485</p>
Certified copy	<p>Upon registration by the State Registrar, a copy of the certificate is sent to the applicant and to the county within which the event occurred.</p> <p>NOTE: Court ordered delayed birth certificates should be filed with other certificates.</p>

Out of Hospital Birth Registration

Description

For live births that occur outside of a hospital or outside of a state-licensed alternative birth center, as defined in paragraph (4) of subdivision (b) of Section 1204 of the Health & Safety Code, the physician in attendance at the birth or, in the absence of a physician, the professionally licensed midwife in attendance at the birth or, in the absence of a physician or midwife, either one of the parents shall be responsible for entering the information on the certificate, securing the required signatures, and for registering the certificate with the local registrar.

REFERENCE: Health and Safety Code Section 102415

For additional information concerning out-of-hospital births, refer to Appendix D.

OTHER TYPES OF BIRTH REGISTRATION

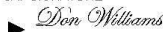


Use this page for notes.

Sample: Certificate of Finding of Unknown Child

CERTIFICATE OF FINDING OF UNKNOWN CHILD OR SAFELY SURRENDERED CHILD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

TYPE OR PRINT CLEARLY – USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
INFORMATION ABOUT THIS CHILD	1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST				
	Sara		Stephens				
	2. SEX	3. RACE	4. LEGAL DATE OF BIRTH—MM/DD/CCYY	5. DATE OF FINDING/SURRENDER—MM/DD/CCYY			
	Female	White	08/10/2008	08/10/2008			
	6A. CITY OF FINDING/SURRENDER		6B. ADDRESS OF FINDING/SURRENDER—STREET and NUMBER, OR LOCATION				
	San Francisco		Ocean Beach, 746 Great Hwy				
	7. PLACED WITH—NAME OF PERSON OR INSTITUTION						
	Child Protective Services						
CERTIFICATION OF FINDING OF UNKNOWN CHILD	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE DESCRIBED UNIDENTIFIED CHILD WAS FOUND ON THE DATE AND AT THE LOCATION STATED ABOVE.						
	9A. SIGNATURE		9B. TYPED NAME				
			Don Williams				
	10A. ADDRESS—STREET and NUMBER, OR LOCATION	10B. CITY	10C. STATE	10E. ZIP CODE			
	505 Parnassus Avenue	San Francisco	CA	94102			
CERTIFICATION OF SURRENDER	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE DESCRIBED CHILD WAS SURRENDERED PURSUANT TO HEALTH & SAFETY CODE § 1255.7 ON THE DATE AND AT THE LOCATION STATED ABOVE.						
	11A. SIGNATURE		11B. TYPED NAME				
							
	12A. ADDRESS—STREET and NUMBER, OR LOCATION	12B. CITY	12C. STATE	12D. ZIP CODE			
LOCAL REGISTRAR USE ONLY	13. SIGNATURE OF LOCAL REGISTRAR		14. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY				
			01/11/2009				
ADDITIONAL INFORMATION	Child found by jogger on beach front.						
	Police report taken by Sgt. Jay Walker.						
	Police report number AFP 26370.						
STATE REGISTRAR USE ONLY	A	B	C	D	E	F	CENSUS TRACT
	14. OFFICE OF VITAL RECORDS				15. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY		

Sample: Safely Surrendered Child

CERTIFICATE OF FINDING OF UNKNOWN CHILD OR SAFELY SURRENDERED CHILD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

TYPE OR PRINT CLEARLY – USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
INFORMATION ABOUT THIS CHILD	1A. NAME OF CHILD—FIRST Michael		1B. MIDDLE Lee				
	2. SEX Male	3. RACE Black	4. LEGAL DATE OF BIRTH—MM/DD/CCYY 10/08/2008				
	5. DATE OF FINDING/SURRENDER—MM/DD/CCYY 10/08/2008						
	6A. CITY OF FINDING/SURRENDER Los Angeles						
	6B. ADDRESS OF FINDING/SURRENDER—STREET and NUMBER, OR LOCATION 1419 Westwood Blvd.						
	7. PLACED WITH—NAME OF PERSON OR INSTITUTION Child Protective Services						
	8A. ADDRESS—STREET and NUMBER, OR LOCATION 202 W. 1st Street						
	8B. CITY Los Angeles						
CERTIFICATION OF FINDING OF UNKNOWN CHILD	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE DESCRIBED UNIDENTIFIED CHILD WAS FOUND ON THE DATE AND AT THE LOCATION STATED ABOVE.						
	9A. SIGNATURE ▶		9B. TYPED NAME				
	10A. ADDRESS—STREET and NUMBER, OR LOCATION		10E. ZIP CODE				
	10B. CITY		10C. STATE				
CERTIFICATION OF SURRENDER	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE DESCRIBED CHILD WAS SURRENDERED PURSUANT TO HEALTH & SAFETY CODE § 1255.7 ON THE DATE AND AT THE LOCATION STATED ABOVE.						
	11A. SIGNATURE ▶ <i>Don Williams</i>		11B. TYPED NAME Don Williams				
	12A. ADDRESS—STREET and NUMBER, OR LOCATION 1111 S. Figueroa Street		12D. ZIP CODE 90015				
	12B. CITY Los Angeles		12C. STATE CA				
LOCAL REGISTRAR USE ONLY	13. SIGNATURE OF LOCAL REGISTRAR ▶ <i>Juanita Martin</i>		14. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 01/12/2009				
ADDITIONAL INFORMATION							
A		B	C	D	E	F	CENSUS TRACT
STATE REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS		15. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY				

Sample: Delayed Registration of Birth (VS 85)

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							
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
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	11. DATE OF BIRTH— MM/DD/CCYY	
CERTIFICATION OF APPLICANT	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		12. PRINTED NAME AND SIGNATURE OF APPLICANT		13. CHECK ONE <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON WHOSE BIRTH IS BEING REGISTERED <input type="checkbox"/> GUARDIAN <input type="checkbox"/> ATTENDANT <input type="checkbox"/> AT BIRTH		
	14. DATE—MM/DD/CCYY	15. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)			16A. DATE OF DEATH—MM/DD/CCYY	16B. STATE FILE NUMBER	
AFFIDAVIT AND SIGNATURES	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. 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. AGE	
	18D. DATE SIGNED—MM/DD/CCYY		18E. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)				
CANNOT BE THE SAME PERSON WHO SIGNS IN ITEM 12							
STATE REGISTRAR USE ONLY—EVIDENCE SUBMITTED							
FACTS OF BIRTH	19.	DOB:	POB:	F:	M:		
DOCUMENT DESCRIPTION		DATE RECORDED:			DATE ISSUED:		
FACTS OF BIRTH	20.	DOB:	POB:	F:	M:		
DOCUMENT DESCRIPTION		DATE RECORDED:			DATE ISSUED:		
FACTS OF BIRTH	21.	DOB:	POB:	F:	M:		
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 - 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 103560).				22. CDPH - 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	
GENETIC MOTHER	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	

Sample: Court Order Delayed Registration of Birth (VS 108)**ORDER ESTABLISHING FACT OF BIRTH****In the Superior Court of the State of California****In and for the County of _____**

In the matter of the petition of _____

Number _____

To establish the fact of birth of _____

Department _____

The verified petition of _____ to establish the fact of the birth of _____ having been filed herein on the _____ day of _____, A.D., 20____, and such petition having by an order of court been duly set for hearing on the _____ day of _____, A.D., 20____, at the hour of _____ o'clock _____ m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said _____, petitioner herein, is beneficially interested in establishing of record the fact of the birth of said _____, in that

and it appearing that on the _____ day of _____, A.D., 20____, a _____ child was born to _____, parent and _____, parent; that the name of said child is _____ (First) _____ (Middle) _____ (Last);

that said birth has not been registered in conformity with the provisions of law in effect at the time of said birth or such record has been lost or destroyed after having been filed; and no one appearing at said hearing to oppose the making of this order;

It is therefore ordered, adjudged, and decreed that on the _____ day of _____, A.D., 20____, a _____ child of the name of _____ was born to _____, parent, and _____, parent, at _____, County of _____, State of _____.

Done in court this _____ day of _____, A.D., 20____.

Judge of the Superior Court

Before filing the above order, insert in the certificate form below, as of the date of the birth, the personal and statistical particulars required for the records of the State Registrar. A certified copy of the above order must be filed with the State Registrar before the order shall become effective. **USE BLACK INK ONLY.**

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH - VITAL RECORDS

FORM VS 108 (Rev. 1/16)

Sample: Court Order Delayed Registration of Birth (VS 108)

COURT ORDER DELAYED REGISTRATION OF BIRTH 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				
FACTS OF BIRTH	1A. NAME—FIRST		1B. MIDDLE	1C. LAST
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC.	4. DATE OF BIRTH—MM/DD/CCYY
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. CITY OR TOWN	5C. COUNTY OR COUNTRY
PARENT	6A. NAME OF PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)
	7. STATE/FOREIGN COUNTRY OF BIRTH		8. DATE OF BIRTH—MM/DD/CCYY	
PARENT	9A. NAME OF PARENT—FIRST		9B. MIDDLE	9C. LAST (BIRTH)
	10. STATE/FOREIGN COUNTRY OF BIRTH		11. DATE OF BIRTH—MM/DD/CCYY	
ABSTRACT OF SUPPORTING DOCUMENTS	12. NAME AND KIND OF DOCUMENT, BY WHOM ISSUED AND SIGNED, DATE ISSUED, DATE ORIGINAL MADE			
	A			
	B			
	C			
	D			
	E			
	F			
REGISTRANT INFORMATION AS STATED IN DOCUMENTS	13. DATE OF BIRTH OR AGE, BIRTHPLACE, AND BIRTH NAMES OF PARENTS			
	A			
	B			
	C			
	D			
	E			
	F			
STATE REGISTRAR USE ONLY	14. Offered for filing pursuant to order number _____ of the Superior Court of the State of California in and for the County of _____ made the _____ day of _____, A.D., 20 _____ establishing of record the fact of birth in the State or Country of _____.			
	15A. DATE OF DEATH—MM/DD/CCYY		15B. STATE FILE NO.	
	16. CDPH - VITAL RECORDS		17. DATE ACCEPTED FOR REGISTRATION	

Amendments

Overview This section addresses the various types of amendment forms that may be used to amend vital event records.

In this section Information contained in this section includes:

Subsection Title	Page
General Information for Usage of Amendments	802
Instructions for Completing an Amendment	804
Registration of Amendments by Local Registrar	808
Birth Amendments	810

General Information for Usage of Amendments

Overview

Amendment forms may be used to correct errors and/or add information that was not known at the time the vital record is registered. Although both the original vital event record and amendment may be submitted at the same time, the original certificate must be acceptable on its own merit. The amendment form is filed with and becomes a part of the record to which it pertains. There is no limit to the number of amendments that may be applied to any vital event record.

Amendments may not be used to change information that would require a court order. Amendments may not be used to change or correct a signature.

REFERENCE: Health and Safety Code Sections 103225 and 103255

Certified copies and fees

When an amendment is filed within one year of the event, there is no fee to process the form, unless the amendment requires the preparation of a new certificate, e.g., adjudication, paternity, gender error, etc. The VS 23 form always requires a fee. The processing fee includes one certified copy. The current fee schedule should be checked for appropriate fees.

If the fee is paid and the applicant is entitled to receive a certified copy of the newly amended record, the applicant must supply a sworn statement stating he or she is authorized to receive the certified copy. If the request for the amendment is mailed, the sworn statement must also be notarized. If the applicant is not an authorized individual he or she will receive an “*INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY*” certified copy.

REFERENCE: Health and Safety Code Sections 103700 through 103730, and 103526

Amendment form

Applications to amend vital event records must be completed on the original amendment form as supplied by CDPH-VR. **Photocopies of the amendment forms are not acceptable.**

Field item numbers that are not on the original vital event record cannot be added via an amendment form. This is especially true for older vital event records that do not contain the same fields as newer records.

REFERENCE: Health and Safety Code Section 102200

Continued on next page

General Information for Usage of Amendments, Continued

Durable ink and no alterations

The use of durable black ink is required on all vital event records, including amendments. The amendment form is considered a legal document after registration and must be able to hold up in any court, unchallenged as to the accuracy and reliability. Consequently, there can be no erasures, whiteout, or other types of alterations to any amendment form. Corrections can be made prior to registration with a “self-correcting” typewriter equipped with lift-off correction ribbon, *provided the original entries are not visible to the naked eye*.

REFERENCE: Health and Safety Code Section 102125 and 102140

Amending the medical and health data

Whenever the information originally furnished in the medical and health data section of any record of death, fetal death or live birth is modified by supplemental information relative thereto, the certifying physician or coroner having knowledge of this information must sign the amendment stating the changes necessary to make the information correct.

REFERENCE: Health and Safety Code Section 103300

Turnaround time

For faster turnaround time in the processing of amendments, please ensure the appropriate 13-digit local file number is entered on all amendments.

AKA

Legal names on certificates are those acquired by birth, adoption, court-ordered name change, or naturalization. An AKA must not be entered on the certificate, but may be added by amendment.

Amending signatures

Amendment forms *may not* be used to change or remove a signature on any registered certificates.

Continued on next page

Instructions for Completing an Amendment

Part I Information to Locate Record

Instructions Information on the form should be entered as follows:

Field Title	Instruction
Local Registration Number	Enter the appropriate 13-digit LRN if known.
Name	Enter the name as it appears on the original certificate or subsequent amendment. The primary name listed on the certificate must be entered regardless of any AKA subsequently added.
Sex	Enter the sex as listed on the original certificate. Entries of "M" or "F" are acceptable.
Date of Event	Enter the date (month, day, year) of the event.
City of Event	Enter the name of the city in which the event occurred.
County of Event	Enter the name of the county in which the event occurred.
Full Name of Parent As Stated on Original Record	Enter the exact information as it appears on the original certificate or subsequent amendment. If no information is available, enter a dash (-).

NOTE:

When using the VS 24 form, the type of event at the top of the form should be checked, e.g., Birth, Death or Fetal Death.

Continued on next page

Instructions for Completing an Amendment, Continued

Part II

Statement of Corrections (Information to be Corrected)

Instructions

Information on the form should be entered as follows:

Field Title	Instruction
Item Number To Be Corrected	Enter the item number to be corrected as listed on the original certificate.
Incorrect Information That Appears on Original Record	Enter the incorrect information as it is reported on the original certificate or subsequent amendment. List one item per line.
Corrected Information As It Should Appear	Enter the information as it should appear on the original certificate or subsequent amendment. List one item per line unless the items being added are AKAs or additional names. Names should be listed using as many lines as necessary.
Reason for Correction	List the reason that the correction is being made, e.g., child's name misspelled, typographical error, information not known originally, hospital error, funeral home error, etc.

Continued on next page

Instructions for Completing an Amendment, Continued

Part III Affidavit and Signatures

Instructions Information on the form should be entered as follows:

Field Title	Instruction
Signature of First/Second Person	The persons asserting the error must sign their usual and customary signature.
Printed Name	Print the name of the person asserting the error.
Title/Relationship to Person in Part I	Enter the title or relationship of the individual signing the amendment.
Date(s) Signed	Enter the date(s) the individual(s) signed.
Addresses	Enter the street or mailing address of the individuals signing the amendment. Hospital or mortuary staff may enter their business address.

NOTE:

Two affidavit signatures are required on the VS 24 amendment form.

REFERENCE: Health and Safety Code Section 103225

Two signatures ***are not required*** when using this form for gender reassignment. The only signature required is the physician's.

Continued on next page

Instructions for Completing an Amendment, Continued

Affidavit signatures – Birth

The following instructions regarding affidavit signatures should be followed when processing **Birth Amendments**:

- Two persons with knowledge of the facts must sign the VS 24.
 - CDPH-VR recommends that one signature be that of a parent, relative or friend.
 - Amendments correcting hospital errors require the signature of the physician or hospital medical records staff in addition to one other credible person with knowledge of the facts.
-

Registration of Amendments by Local Registrar

Overview The table below provides information when an amendment may be accepted for registration by the local registrar:

If...	Then...
the original certificate has not been forwarded to the state	the local registrar may register the amendment if acceptable.
the original certificate is no longer at the local registrar's office, but has been forwarded to the State Registrar	the amendment must be forwarded to the State Registrar for registering. Upon acceptance at the state level, a copy will be forwarded to the local county office.

REFERENCE: Health and Safety Code Sections 103235, 103240 and 103245

Instructions for local registrar The following instructions should be followed when amendments are accepted at the local registrar's office:

- Ensure that the correct amendment form is being applied.
- Review the amendment form for completion. The amendment form must list the name, date of event, and local file number as stated on the original certificate or subsequent amendment(s).
- Verify that the correct affidavit signatures are present.

Continued on next page

Registration of Amendments by Local Registrar, Continued

**State/Local
Registrar Use
only**

The following instructions should be followed when the amendment is accepted and registered by the local registrar:

- Enter the signature of the Local Registrar in the appropriate field.
- Enter the date the amendment was accepted for registration by the Local Registrar.
- Issue certified copies upon request and payment. Upon registration, the amendment becomes part of the original vital event record that it pertains to.
- Original amendment forms are to be forwarded to the State Registrar with the regular weekly shipment.
- The local registrar should maintain copies of certificates and amendments for the current year and one-year prior. County Recorder's offices should have copies of all certificates and amendments on file in their office.

REFERENCE: Health and Safety Code Sections 102320, 103235, 103255,
All County Letter (ACL) 89-04 and ACL 07-18

NOTE:

Effective January 1, 2006, local county offices should no longer stamp original certificates and amendments noting that the documents have been amended.

REFERENCE: ACL 05-17

Birth Amendments

Overview This subsection addresses the various types of amendment forms and processes that are used to amend birth certificates.

In this section Information contained in this subsection includes:

Birth Amendment Forms/Issues	Page
Affidavit to Amend a Record (VS 24) (Births)	811
Acknowledgement of Paternity/Parentage (VS 22)	813
Declaration of Paternity (POP form) CS 909	814
Adjudication of Facts of Parentage (VS 21)	816
Correcting Gender Errors On Birth Certificates	817
Court Order Change of Name (VS 23)	819
Court Report of Adoption (VS 44)	821
Physician/Coroner Amendment (VS 24A)	824
Obtaining a New Birth Certificate After Gender Reassignment (VS 24)	825
Sealing Notice and Certification	827
Supplemental Name Report – Birth (VS 107)	828

Affidavit to Amend a Record (Births)

Application to Amend a Record (Births)

The Application to Amend a Record may be used to correct the following on birth certificates:

- Correct spelling errors.
 - Add the child's name.
 - Add the middle name for either parent or child.
 - Correct the spelling of a parent's name.
 - Correct any item on the certificate.
 - Add a title such as *Jr.*, *Sr.*, or *III* to the name.
 - Correct parent's relationship to the child.
-

Correcting the date, time, place of birth, or medical/health information

When correcting date, time, place of birth, or any medical and health information on the birth certificate, one supporting affidavit must be signed by the physician or hospital medical records staff. If the physician or hospital medical records staff is not available, a court order will be required to establish the facts.

REFERENCE: Health and Safety Code Section 103300

Continued on next page

Affidavit to Amend a Record (Births), Continued

Hospital errors The following may be amended only if the original entry was due to a hospital error. In those cases, one affidavit signature must be by a member of the medical records staff:

- Completely change the first, middle, or last name of any person listed on the birth certificate.
 - Transpose the first and middle name of the registrant.
 - Add to or change the first, middle, or last name of the registrant.
 - Change either or both parents' name(s).
 - Translate registrant's name into another language, e.g., Juan to John.
-

AKA If the parent has received a Court Order Change of Name or name change through the naturalization process, they may apply an amendment to their child's birth certificate using the VS 24. In the field entitled "Reason for Correction" on the amendment form, the parent(s) should note that an AKA is being added pursuant to the court order or naturalization process. CDPH-VR may require that the parent(s) provide supporting documentation.

Amendments may not be used to add an AKA for a child listed on the birth certificate.

Certified copies If the fee is paid and the applicant is entitled to receive a certified copy of the newly amended record, the applicant must supply a sworn statement stating the requester is authorized to receive the certified copy. If the request for the amendment is mailed, the sworn statement must also be notarized. If the applicant is not an authorized individual he or she will receive an "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" certified copy.

REFERENCE: Health & Safety Code Section 103526

Acknowledgement of Paternity/Parentage

Overview	<p>If the parent's name in Items 6A-6C is not added to the birth certificate <u>at the time of birth</u>, the parents must sign a VS 22 to add the parent's name to the birth certificate, and submit one of the following if the birth occurred after January 1, 1995:</p> <p><u>Unmarried parents</u> must also sign the CS 909, with the appropriate witness and/or notary, and submit with the appropriate processing fee.</p> <p>Although the POP form is not required for unmarried parents registering a child's birth that occurred prior to 1995, unmarried parents may still opt to complete and sign the form.</p> <p><u>Married parents</u> must forward a photocopy of their marriage certificate with the VS 22 and appropriate processing fee.</p> <p><u>SRDP parents</u> must forward a photocopy of their declaration with the VS 22 and appropriate processing fee.</p> <p>REFERENCE: Health and Safety Code Section 102750</p>
Surname changes	<p>If the child's surname is to be changed to that of the parents' they may complete the VS 22. Upon receipt of the VS 22 signed by both of the parents and appropriate fee, CDPH-VR will prepare a new certificate for the child.</p> <p>This is acceptable even if the parent's name is already listed in Items 6A-6C on the child's birth certificate. However, if the parents' name is not listed in Items 6A-6C, the VS 22 form cannot be used to change the child's surname to that of the parent - unless the parent's name is also being added to the birth certificate.</p>
Sealing Notice and Certification	<p>Upon preparation of the new certificate, a sealing notice and certification will be prepared and forwarded to the appropriate county recorder and/or local registrar where the birth certificate is on file. The old certificate must be confidentially disposed of and replaced with the newly created certificate.</p> <p>All information regarding the original record must be omitted from files, logs, indexes, and microfilm and computer records.</p> <p>Any request for the information on the original birth record must be referred to CDPH-VR.</p> <p>A certified copy of the newly created record of birth shall be furnished to the registrant without additional cost. However, the registrant must supply a sworn statement that they are authorized to receive a certified copy. If the request for the amendment is mailed, the sworn statement must be notarized.</p> <p>REFERENCE: Health and Safety Code Sections 102755 through 102765, and 103526</p>

Declaration of Paternity

Overview Under California law, POP forms must be made available without charge at all district attorney offices, offices of local registrars of birth and death, courts, and county welfare departments. Staff in these offices should witness the signatures and are responsible for forwarding the original signed declarations to the California Department of Child Support Services.

REFERENCE: Family Code Section 7572

Universal form The POP form is considered a universal form and may be used with the registration of births in other states. In addition, California may accept paternity forms from other states as well.

Rejection of POP forms POP forms will be rejected for the following reasons:

- The declaration form is not an original. (Photocopies are only acceptable at CDPH-VR when accompanied with the VS 22 and required fee.)
- The biological parents did not sign the form.
- There is no date of birth listed for the child.
- The signatures on the form are not witnessed. The signature and address of the witness must be included.
- The form was completed in pencil or any light colored ink (pink, orange, etc.). Forms must be completed with dark ink and must be legible for data entry and electronic scanning.

Continued on next page

Declaration of Paternity, Continued

Conflicting parentage information

The POP form and VS 22 cannot be used to change parentage on the birth certificate. A VS 21 must be used to change or remove parentage information. See the Adjudication of Facts of Parentage sub-section for additional information.

REFERENCE: Health and Safety Code Section 102750

Rescinding and/or canceling the POP form

Parents may complete a Rescission form for the Declaration of Paternity form (CS 915) and mail it to the California Department of Child Support Services (CDSS). **However, this form only rescinds the POP form and will not change or rescind information on the child's birth certificate.** To remove a parent's name on a birth certificate requires a court order. See the Adjudication of Facts of Parentage subsection for additional information.

REFERENCE: Health and Safety Code Section 102725

Completed POP forms

Original completed POP forms should be mailed to:

California Department of Social Services – POP Unit
P.O. Box 419070
Rancho Cordova, CA 95741-9070

Copies

Copies of the POP form may be obtained from the California Department of Child Support Services at the above address.

Questions

Questions regarding POP forms and/or information on ordering should be referred to their toll free number at (866) 249-0773 or askpop@dcss.ca.gov.

Additional information may be obtained at the following website:
<http://www.childsup.ca.gov/>.

Adjudication of Facts of Parentage

Overview Whenever the existence or nonexistence of the parent and child relationship has been determined by a court of this state or a court of another state, and upon receipt of a certified copy of the court order and payment of the required fee, the State Registrar shall establish a new birth certificate for the child if the birth certificate is on file with the State Registrar.

REFERENCE: Health and Safety Code Section 102725

Determination of paternity Upon receipt of the VS 21, original certified copy of the court order and appropriate fee; CDPH-VR will prepare a new certificate for the child listing the parent's name.

Determination of non-paternity The Adjudication of Facts of Parentage may also be used to determine non-paternity. The certified order from the court must very clearly state that the parent listed on the child's birth certificate has been found not to be the parent of the child and all information should be removed from the certificate.

The certified order from the court must also state how the new certificate should be prepared, including any change to the child's surname. If the court order does not specifically address the child's surname, CDPH-VR cannot make changes to the surname without a VS 23.

Sealing Notice and Certification Upon preparation of the new certificate, a sealing notice and certification will be prepared and forwarded to the appropriate county recorder and/or local registrar where the birth certificate is on file. The old certificate must be removed and replaced with the newly created certificate.

All information regarding the original record must be omitted from files, logs, indexes, and microfilm and computer records.

Any request for the information on the original birth record must be referred to CDPH-VR.

A certified copy of the newly created record of birth shall be furnished to the registrant without additional cost. Because the request is based on a court order, a sworn statement is not required for issuance of the certified copy.

REFERENCE: Health and Safety Code Sections 102730, 102735, and 103526

Correcting Gender Errors on Birth Certificates

Overview	<p>Upon finding that a birthing hospital or local registrar made an error in the reporting of the gender when the original birth certificate was completed, the person or parent and/or legal guardian may apply to the State Registrar for the establishment and issuance of a new birth certificate.</p> <p>REFERENCE: Health and Safety Code Section 103446</p>
What is a gender error?	<p>A gender error is a true error made in the reporting of the gender on the original certificate. The definition of gender error does not apply to an individual that has undergone clinically appropriate treatment to alter their sexual characteristics.</p>
Process	<p>Upon receipt of the VS 24, notarized sworn statement, with the correct signatures and payment of the required fee, CDPH-VR will review the documents and, if acceptable, will seal the original birth certificate and issue a new one in its place.</p> <p>The new birth certificate shall in no way indicate that it is not the individual's original birth certificate and shall be the only birth certificate for that individual open for public inspection.</p> <p>The State Registrar shall inform the local registrar and county recorder where the original certificate was filed to seal and/or destroy all information regarding the original birth certificate.</p> <p>A certified copy of the newly created record of birth shall be furnished to the registrant without additional cost. However, the registrant must supply a sworn statement that they are authorized to receive a certified copy. If the request for the amendment is mailed, the sworn statement must be notarized.</p> <p>REFERENCE: Health and Safety Code Sections 103447.5 through 103449, and 103526</p>
What if the birth certificate is currently two-pages?	<p>The State Registrar will follow the above "seal and replace" procedures for anyone submitting a request to make the birth certificate one page with the fee and notarized sworn statement.</p>

Continued on next page

Correcting Gender Errors on Birth Certificates, Continued

**Necessary
signature(s)**

The affidavit must satisfy one of the following three conditions:

- Signature of the administrator of the birthing hospital (or the administrator's representative), who must indicate on the affidavit that the gender error was due to a hospital error.
- Signature of the local registrar, who must indicate on the affidavit that the gender error was due to an administrative error of the local registrar.
- Signature of the physician who attended the birth and signature of the individual's parent (or a relative who was at least five years old at the time of the individual's birth), who must indicate on the affidavit that the listed individual's gender at the time of birth was different from the gender indicated on the original certificate.

REFERENCE: Health and Safety Code Section 103447

Court Order Change of Name

Overview

Whenever a person *born* in this state has his or her name changed by order of a court of this state, another state, the District of Columbia, or any territory of the United States, an application including an affidavit of this fact may be filed with CDPH-VR.

REFERENCE: Health and Safety Code Section 103400

When a court order is required

A court order change of name must be obtained for the following:

- Completely changing first or middle names of the registrant.
 - Transposing first and middle names of registrant.
 - Adding to or deleting first or middle names of the registrant.
 - Changing the surname of the registrant. (If the surname change is to that of the parents', a Court Order Change of Name is not required. The change to the parent's surname may occur with an Acknowledge of Paternity signed by both parents. See the Acknowledgement of Paternity sub-section for additional information.)
-

Procedure

Upon receipt of the VS 23, affidavit, certified copy of the court order and payment of the required fee, CDPH-VR shall review the amendment for acceptance, and if accepted will process the request. If accepted, the amendment shall be filed with and become a part of the record to which it pertains.

A certified copy of the newly amended record of birth shall be furnished to the registrant without additional cost. Because the request is based on a court order, a sworn statement is not required for issuance of the certified copy.

REFERENCE: Health and Safety Code Sections 103405, 103410, and 103526

Continued on next page

Court Order Change of Name, Continued

Naturalized citizens

Naturalized citizens may add an AKA amendment to their child's birth certificate to reflect their new naturalized name. However, to change the child's surname to that of the naturalized name, the parents will be required to obtain a Court Ordered Change of Name.

**Safe at Home -
Name change
for victims of
domestic
violence**

Persons wishing to obtain a name change due to domestic violence must work with the Secretary of State's Office. Upon receipt of a court order stating the applicant has a new confidential name and their birth certificate should be sealed and replaced with the new name, CDPH-VR will prepare a new birth certificate with the new name.

The State Registrar shall inform the local registrar and county recorder where the original certificate was filed to seal and/or destroy all information regarding the original birth certificate.

Court Report of Adoption

Overview

The clerk of the court shall complete a court report of adoption within five days after a decree of adoption has been entered declaring a child legally adopted by any court in the state. The court report of adoption and a copy of the final decree must be forwarded to the State Registrar for preparation of a new certificate.

REFERENCE: Health and Safety Code Section 102625

Process

Upon receipt of the court report of adoption and copy of the final decree from the clerk of the court, the new birth certificate shall be prepared. The birth certificate shall be identical to a regular birth certificate and contain the name of the child, name and ages of the parents, etc.

If the adopting parents request, the new birth certificate will not include the specific name and address of the hospital or other facility where the birth occurred.

The new birth certificate shall supplant any birth certificate previously registered for the child and shall be the only birth certificate open to public inspection.

The State Registrar shall inform the local registrar and county recorder where the original certificate is on file to seal and/or destroy all information regarding the original birth certificate.

A certified copy of the newly created record of birth shall be furnished to the registrant without additional cost. Because the request is based on a court order, a sworn statement is not required for issuance of the certified copy.

REFERENCE: Health and Safety Code Sections 102645, 102680, 102685, 102710, and 103526

Special request

The adopting parent or parents may request that the State Registrar not prepare a new birth certificate.

REFERENCE: Health and Safety Code Section 102640

Continued on next page

Court Report of Adoption, Continued

Out-of-state adoptions

Upon receipt of the court report of adoption and copy of final decree from any court of record that has jurisdiction of the child of this state, another state, the District of Columbia, in any territory of the United States, or in any foreign country, for any child born in California and whose certificate of birth is on file in the office of the State Registrar, a new birth certificate shall be established.

The processing fee must accompany the out-of-state court report of adoption. Failure to do so will result in a delay in processing.

Court reports of adoption received by the State Registrar for children born in other states will be forwarded to the appropriate out-of-state registrar.

It is preferred that attorneys handling out-of-state adoptions also prepare a VS-44 California form, as other state forms may not contain all the information required for a California birth certificate. However, attorneys may also provide the missing information in a cover letter to CDPH-VR.

REFERENCE: Health and Safety Code Sections 102630 through 102635

Adoption of children born outside of the United States or where no original record exists

The State Registrar shall prepare a court order delayed registration of birth for children born outside of the United States, the territories of the United States, or Canada. The court report should contain a statement of the date and place of birth of the child.

The State Registrar shall prepare a court order delayed registration of birth for a child born in California where no original birth record exists. The court report should contain a statement of the date and place of birth of the child.

REFERENCE: Health and Safety Code Sections 102690 through 102695

Continued on next page

Court Report of Adoption, Continued

**Access to
original sealed
information**

Access to original birth information may be granted by a superior court upon the setting forth of facts showing the necessity and good and compelling cause.

Upon receipt of a court order granting release of the original birth records and receipt of the certified copy fee, the State Registrar will prepare a certified copy of the original record and forward it to the court or to the petitioner, as specified in the order.

REFERENCE: Health and Safety Code Section 102705

**Set aside and
restore
adoptions**

The court may set aside the replacement record and restore the original birth record. Upon receipt of the court order and fee, the State Registrar will restore the original birth certificate.

Physician/Coroner Amendment

Overview

The VS 24A may be used to amend information on the birth certificate; however, this form is generally used for amending information on death and fetal death certificates. This form requires the signature of the physician or coroner.

REFERENCE: Health and Safety Code Section 103300

Process

Upon receipt and acceptance by the State Registrar, the VS 24A becomes part of the original record to which it pertains. If the amendment is for items contained in the confidential portion of the birth certificate, the amendment is also considered confidential.

If the fee is paid and the applicant is entitled to receive a certified copy of the newly amended record, the applicant must supply a sworn statement stating they are authorized to receive the certified copy. If the request for the amendment is mailed, the sworn statement must also be notarized. If the applicant is not an authorized individual he or she will receive an *"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"* certified copy.

REFERENCE: Health and Safety Code Sections 103255 and 103526

Obtaining a New Birth Certificate after Gender Reassignment

Overview

Whenever a person born in this state has undergone clinically appropriate treatment for the purpose of gender transition, a new birth certificate shall be prepared reflecting a change of sex without a court order. A new birth certificate shall be prepared with a physician's affidavit documenting the gender reassignment and any change in name, if accompanied by an order of a court of this state, another state, the District of Columbia, or any territory of the United States for a change of name.

REFERENCE: Health and Safety Code Section 103425

Process

The petition and application for a new birth certificate must be accompanied by an affidavit of the physician documenting the sex change, a certified copy of the court order granting the change and changing the applicant's name (if applicable), and the appropriate processing fee.

These documents must be forwarded to the State Registrar within 30 days of the date of the decree.

Upon receipt and acceptance by the State Registrar a new birth certificate will be established reflecting the new gender and any name change as appropriate.

A certified copy of the newly created record of birth shall be furnished to the registrant without additional cost. Because the request is based on a court order, a sworn statement is not required for issuance of the certified copy. However, if the amendment is only amending the person's sex, a notarized sworn statement is required for issuance of the certified copy.

REFERENCE: Health and Safety Code Sections 103430, 103445 and 103526

Change of Name

The petitioner may petition the court at the same time for a court order change of name. The newly created birth certificate will then reflect the new sex and any change of name.

REFERENCE: Health and Safety Code Section 103425

Continued on next page

Obtaining a New Birth Certificate after Gender Reassignment, Continued

**Sealing Notice
and
Certification**

Upon preparation of the new certificate, a sealing notice and certification will be prepared and forwarded to the appropriate county recorder and/or local registrar where the birth certificate is on file. The old certificate must be removed and replaced with the newly created certificate.

All information regarding the original record must be omitted from files, logs, indexes, and microfilm and computer records.

Any request for the information on the original birth record must be referred to CDPH-VR.

REFERENCE: Health and Safety Code Section 103440

Sealing Notice and Certification

Overview

CDPH-VR issues sealing notices on birth, death, fetal death, and marriage certificates when appropriate. These notices may be issued for adoptions, paternity actions, medical sex change operations, errors in reported gender, etc.

CDPH-VR may also issue an administrative sealing notice for documented fraudulent or erroneous filings, and/or duplicate records.

Information regarding original record

Upon preparation of the new certificate as required by state law, a sealing notice and certification will be prepared and forwarded to the appropriate county recorder and/or local registrar where the birth certificate is on file. The old certificate must be removed and replaced with the newly created certificate.

All information regarding the original record must be omitted from files, logs, indices, and microfilm and computer records.

Any request for the information on the original birth record must be referred to CDPH-VR.

REFERENCE: Health and Safety Code Sections 102705, 102730, 102760, 102768, 103260, 103355, 103440, and 103448

Supplemental Name Report – Birth

Overview When a certificate of birth is registered without the name of the child being entered on it, the local registrar shall deliver to the parents of the child a Supplemental Name Report for the naming of the child.

REFERENCE: Health and Safety Code Section 103325

Procedure The local registrar should mail a Supplemental Name Report to the parents whenever the first, middle, and/or last name of the child has not been entered on the birth certificate.

If the Supplemental Name Report is filed one year or more after the date of birth, a fee is required for the acceptance and filing. The fee includes one certified copy. However, the parent(s) must include a signed sworn statement stating they are authorized to receive a certified copy. If the request is mailed, the sworn statement must also be notarized.

REFERENCE: Health and Safety Code Sections 103335 through 103340, and 103526

Signatures The Supplemental Name Report amendment form requires the signature of at least one parent. If one of the parents is not available for signature, the name of the child must be added with the VS 24 form. The VS 24 may be signed by any two persons with knowledge of the facts.

REFERENCE: Health and Safety Code Section 103330

Certified Copies

Overview

Certified copies of birth and death records shall only be made by the State Registrar and by duly appointed and acting local registrars during their term of office, and by county recorders. Providers such as hospitals and mortuaries shall *not* release copies of birth or death certificates other than those already certified by the local registrar.

REFERENCE: Health and Safety Code Section 103545

In this section

Information contained in this section includes:

Subsection Title	See Page
General Information	902
Authorized Certified Copies	905
Informational Certified Copies	908
Sensitized Security Paper Specifications	909
Procedures for Storing Security Paper	910
Exemplified/Apostille Seals	912
Where to Write for Vital Records	914

General Information

Certified copies Any person may obtain a certified copy when information sufficient to identify the record is provided to the custodian of the records and upon payment of the required fee.

The applicant for a certified copy is required to sign a sworn statement that they are authorized to receive the certified copy. If the applicant does not meet the requirements of the law to receive an “authorized” certified copy, they may receive a certified copy marked “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”

REFERENCE: California Code of Regulations 902, Health and Safety Code Sections 103525 and 103526 (c)

Certification on copy Certified copies of vital records must contain the local registrar’s signature as follows:

If the signature is...	Then...
printed, stamped, or photographically reproduced	the seal of the certifier’s office must be superimposed over the facsimile signature, unless presealed security paper is being used. Government Code Section 27210
Handwritten	no impression seal is necessary. Attorney General Opinion 48/224.
affixed to a certification statement by a deputy clerk	he or she must sign or initial his or her name next to the official’s signature. Attorney General Opinion NS4103.

Confidential section of birth certificate The bottom portion of certificates of birth entitled “*Confidential Information for Public Health Use Only*,” shall only be produced on certified copies when specifically requested by the registrant, parent who signed the certificate, or birth parent. Certified copies that include the confidential portion may only be obtained from the local county health office or CDPH-VR.

REFERENCE: Health & Safety Code Section 102430 and 103525

General Information, Continued**Fetal death
certificates**

The fetal death certificate was revised January 1, 2007, to include a confidential portion. Now that the confidential information on the fetal death certificates is protected by law, ACL 81-5 and ACL 86-4 are rescinded. With their rescission, Local Registrars of Births and Deaths are authorized to keep copies of the entire fetal death certificate and County Recorders are authorized to keep copies of the public portion, beginning January 1, 2008.

County Recorders and Local Registrars of Births and Deaths are also authorized to copy, microfilm, index, and otherwise preserve fetal death certificates.

Certified copies of fetal death certificates are not restricted and may be issued to anyone requesting a copy, upon payment of the required fee. Any request for a certified copy of a fetal death certificate that is not on file in the office of the local registrar or county recorder should be directed to CDPH-VR for processing. The confidential portion of the fetal death certificate may only be issued to those persons identified in H&S Code Section 102430.

There are no current provisions in law that exempt the fetal death indices from being released. Therefore, anyone can request to see a fetal death index.

REFERENCE: ACL 07-23 dated December 5, 2007

**Certified copy
fees**

A fee is required for making a certified copy of a vital record for any public entity, e.g., the State, the Regents of the University of California, a county, city, district, public authority, public agency, and any other political subdivision or public corporation in the State.

REFERENCE: Health and Safety Code Section 103650

See *Fee* section for additional information.

General Information, Continued

Free certified copies

A custodian of records may issue free certified copies, under three circumstances, as provided by statute.

Certified copies of *any* vital records may be issued without charge, as follows:

1. Child or spousal support enforcement
2. To determine benefits afforded by the Veteran's Administration

Certified copies that are provided free in these two situations should be stamped "For Official Government Use Only."

Certified copies of *birth* records only, may be issued without charge, as follows:

3. To eligible homeless persons

The third circumstance allows only the issuance of birth records for no charge, to homeless persons meeting certain criteria. Only county offices may issue birth records to eligible homeless applicants. Counties should *not* use the "For Government Use Only" stamp for birth certificates issued under this statute.

The California Victim Compensation and Government Claims Board, or victim centers, are entitled to receive verifications only, at no cost. Statute does not entitle them to free certified copies of vital records.

REFERENCE: Government Code Section 6103.9, 6107; Health and Safety Code Section 103577; ACL 13-14, 15-05, and 15-10.

See *Fees* section for additional information.

Authorized Certified Copies

Overview

California Health and Safety Code Section 103526, permits only authorized persons as defined below to receive certified copies of birth and death records. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy.

Those who are not authorized by law to receive an authorized certified copy will receive a certified copy with the legend “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”

Authorized persons that may receive certified copies

The following persons are authorized by law to receive a certified copy of a birth or death record:

- ◆ The registrant or a parent or legal guardian of the registrant.
- ◆ 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.
- ◆ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ◆ A child, grandparent, grandchild, sibling, 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.
- ◆ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of any authorized individual specified above or in Health and Safety Code Section 7100.

REFERENCE: Health and Safety Code Section 103526 (c)

Continued on next page

Authorized Certified Copies, Continued

Funeral directors

Any agent or employee of a funeral establishment ordering death certificates on behalf of an authorized individual is not required to provide a notarized sworn statement. They are, however, required to provide sworn statements on the application form.

Any person who asks a funeral director to request a death certificate on his or her behalf warrants the truthfulness of his or her relationship to the decedent and is personally liable for all damages occasioned by, or resulting from, a breach of that warrant.

REFERENCE: Health & Safety Code Section 103526 (d)

Attorney

CDPH-VR has defined “attorney” to mean any attorney acting on behalf of the registrant or family

Power of attorney

CDPH-VR will accept power of attorneys provided that the power of attorney is valid and does not limit the authority to express actions or subjects. The applicant will be required to sign the sworn statement, show identification (if requested in person), and provide a copy of the power of attorney.

However, counties should follow procedures that have been developed for each individual county office.

Authorized requests received by mail

If the request for a certified copy of a birth or death certificate is received by mail, a notarized statement sworn under penalty of perjury must accompany the request stating the requestor is an authorized person as defined by law. However, any agent or employee of a funeral establishment or member of law enforcement or a representative of a state or local government agency, is not required to notarize the sworn statement if the request for a certified copy is mailed.

A faxed or digitized image copy of a notarized statement sworn under penalty of perjury is acceptable if it is legible. If the notary’s seal is not photographically reproducible, it must show the name of the notary, the county of the notary’s principal place of business, the notary’s telephone number and expiration date, and must be typed or printed in a manner that is photographically reproducible below, or immediately adjacent to, the notary’s signature in the acknowledgement.

REFERENCE: Health & Safety Code Section 103526(a) and ACL 14-01

Continued on next page

Authorized Certified Copies, Continued

**Verification of
notary
endorsement in
California**

The law does not require verification of notary endorsements; however, persons may visit the Secretary of State (SOS) website at www.sos.ca.gov or call SOS at (916) 653-3595 for verification of a California notary commission.

**Verification of
notary
endorsement
outside of
California**

For verification of notary commissions outside of California, please visit the National Association of SOS website at www.nass.org.

For foreign notary questions, it is recommended that the consulate's office be contacted.

NOTE: Although notary commissions fall under the jurisdiction of the SOS Office in California, they may fall under other jurisdictions outside of California.

Informational Certified Copies

Overview If an applicant does not meet the requirements set forth in law as an authorized person to receive a certified copy of a birth or death certificate, they may receive a certified copy of the certificate with the legend “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”

Informational copy format Informational certified copies must be issued on security paper. CDPH-VR uses a legend that is pre-stamped diagonally across the face of the banknote security paper with red open letters. However, there are no specific requirements on how the legend must appear or be displayed on the security paper.

Sensitized Security Paper Specifications

Overview All certified copies of birth and death records shall include the date issued, the name of the issuing office, the signature of the issuing officer, and the seal of the issuing office.

REFERENCE: Health & Safety Code Section 103526.5

Security paper specifications All certified copies of birth and death records shall be printed on chemically sensitized security paper that measures 8 ½ by 11 inches and that has the following features:

- (A) Intaglio print
 - (B) Latent image
 - (C) Consecutive numbering with matching bar code *
 - (D) Microprint line
 - (E) Prismatic printing
 - (F) Watermark
 - (G) Void pantograph
 - (H) Fluorescent security threads
 - (I) Fluorescent fibers
 - (J) Any other security features deemed necessary by the State Registrar
-

Any other security features deemed necessary Although the law allows the State Registrar to add additional security features to the banknote paper as deemed necessary, no other features will be added at this time.

Effective November 1, 2013, CDPH-VR discontinued embossing certified copies of birth, death, fetal death and marriage records.

REFERENCE: ACL 13-23

* CDPH-VR learned it is impractical to print a fluorescent number with a standard readable bar code. CDPH-VR therefore has omitted the fluorescent requirement mentioned in law, and is seeking a legislative correction.

Procedures for Storing Security Paper

Overview

The State Registrar, local registrars, county recorders, and county clerks shall take precautions to ensure that uniform and consistent standards are used statewide to safeguard the security paper.

For clarification purposes, CDPH-VR is making a distinction between “stored” and “in use” security paper. Security paper that is “in use” is not considered “stored.”

“Stored” paper security procedures

The following measures shall be adhered to for “stored” paper:

- ◆ Upon receipt of the paper from the manufacturer, the serial numbers and quantity of paper should be inventoried and cataloged in a log.
- ◆ The security paper must be stored in a locked depository and may not be accessible to unauthorized staff or visitors.
- ◆ When an authorized person removes paper from the locked depository, their entry and exit must be recorded on the log along with the serial numbers of the security paper that is being removed.
- ◆ All spoilage shall be accounted for and subsequently destroyed by shredding on the premises. For counties with several offices, this may be the main building. The intent is that the paper may not be sent to an outside vendor for shredding. Shredding may be contracted if it is done on the premises.
- ◆ Counties may use additional security measures as necessary.

REFERENCE: Health & Safety Code Section 103526.5 (c) and ACL 03-07

Procedures for Storing Security Paper, Continued

“In use” paper security procedures

The following measures shall be adhered to for paper that is considered “in use.”

- ◆ Each employee must account for all paper used during the day on a usage sheet.
 - ◆ Security paper that is “in use” should be supervised at all times.
 - ◆ Staff should not leave security paper unattended and/or unsupervised.
 - ◆ Paper that is being used in printing or other certificate reproduction devices is not considered to be “stored” while in use. However, paper left in devices overnight or left unsupervised by vital records employees when others are present is considered to be “stored.”
 - ◆ If any error occurs when printing, the paper must be marked “void” and the serial number shall be noted in the log. All voided copies must be shredded on a regular basis. Shredding must be done on site. Each county should develop their own shredding procedures based on their volume of spoilage. All spoilage must be kept secure until shredded.
-

Visitors

A visitor may be defined as any person visiting the office in a brief capacity for business, social or friendship reasons. Visitors may also be employees of the organization that do not normally work in the secured area.

For example, visitors to CDPH-VR must sign a register and wear a temporary “Visitor” badge. Visitors are escorted and under the supervision of a CDPH-VR employee at all times. These types of visitors should not have access to the “stored” paper location.

Exemplified/Apostille Seals

Introduction	An “exemplified” or “apostille” seal may be applied to a certified copy of a California vital event record when required by a foreign country. This seal may be applied by the SOS or County Clerk’s office.
Background	<p>Nations generally recognize a need to accept various government issued documents (such as birth, death, and marriage certificates) issued by other nations. Most nations have an interest in ensuring that the documents are genuine, and look to a validating agency to authenticate the signature on the document. In California, the SOS or County Clerk’s office performs the authenticating function.</p> <p>In 1961, many nations joined together in the Hague Convention to create a simplified method of validating documents issued by nation-members of the Convention. Members of the Convention adopted an Apostille, which is the standardized form the member nations accept as verifying the authenticity of the document referred to in the Apostille.</p>
Required validation	<p>The SOS office authenticates the signature of county clerks, county recorders, superior court judges, superior court executive officers, superior court clerks, court administrators, and the deputies for all of these officials.</p> <p>The SOS does not authenticate the signatures of other county officials such as health officers and registrars.</p> <p>When authentication of a health officer’s or registrar’s signature is needed, the county clerk will authenticate the signature of the official and forward the document to the SOS for authentication of the county clerk’s signature.</p>

Continued on next page

Exemplified/Apostille Seals, Continued

**How to request
an exemplified
copy or
apostille**

After an applicant has obtained a certified copy of a vital record, the applicant must contact the SOS to request an apostille. Additional information may be found at the following website: www.sos.ca.gov.

Mailing Address:

Secretary of State
Notary Public Section
P.O. Box 942877
Sacramento, CA 94277-0001

Office Location:

Secretary of State
1500 11th Street, 2nd Floor
Sacramento, CA 95814

Telephone Number: (916) 653-3595

Where to Write for Vital Records

Where to write for copies of birth and death records

Information on where to write for copies of birth and death records is provided in this section.

California records

In California, CDPH-VR is the central depository for all original birth and death records registered by the 61 local registration district offices since July 1, 1905.

The request for a certified copy, notarized sworn statement, and fee should be mailed to:

*California Department of Public Health
Vital Records – M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410*

Local office copies

Copies of all original records on file with CDPH-VR are also on file with each county recorder's office where the event occurred. If the record is not available at the county level, the county should contact CDPH-VR for a local office copy (LOC). Please fax a LOC form to (916) 552-8170. For requests that require a status check, please contact the Document Retrieval Unit at (916) 552-8168 or CDPH_DRUMail@cdph.ca.gov.

REFERENCE ACL 13-13

Local registrars for births and deaths (the health officer in an approved full-time local health department) have copies of all certificates registered in their jurisdiction for the current year and one-year prior.

Other states

The vital statistics office of the state or territory where the event occurred should be contacted to obtain a certified copy of those events.

The internet offers several sites and information for obtaining vital records from other states and countries.

Continued on next page

Where to Write for Vital Records, Continued

**Births or
deaths in a
foreign country**

For births of children to United States citizens in a foreign country which have been reported to the United States Consul, application for a certified copy with the required fee should be sent to:

*United States Department of State
1111 19th Street, Suite 510, N.W.
Washington, D.C. 20522*

Telephone number: (202) 955-0307

Additional information may be obtained at the following website:
<http://www.state.gov/>.

**Adoptions in a
foreign country**

For information on adoptions of children in a foreign country, please contact the U.S. Citizenship and Immigration Service (USCIS).

Telephone number: (800) 375-5283

Additional information may be obtained at the following website:
<http://adoption.state.gov/>.

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Where to Write for Vital Records, Continued

Military deaths overseas	For certified copies of death certificates for military personnel, please contact the Department of Defense at the following website: www.defenselink.mil/ .
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Overseas deaths of Coast Guard	For overseas deaths of members of the U.S. Coast Guard, please contact the Coast Guard at the following telephone number 202-267-2229 or website http://www.uscg.mil/ .
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Canada's vital records	In Canada, the vital statistics office of the province or territory where the event occurred maintains records for each event.
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Certified copies of these records may be obtained by writing to the Director of Vital Statistics at the capitol of the province where the event occurred.

Mexico's vital records	In Mexico, the nearest office of the Mexican Consul should be contacted for assistance in obtaining certified copies of vital records for events that occurred in that country.
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NOTE:

Additional information may be located at the following website:
www.travel.state.gov.

Access to Vital Records

Overview

Although most California vital event records are considered public records, access to the bottom portion of the VS 10D, the *Certificate of Fetal Death* (VS 12), and access to birth and death indices are limited by statute. This section identifies different types of confidential vital record information and those persons authorized by statute to access the information.

REFERENCE: California Code of Regulations Section 902, Government Code Section 6253, and Health and Safety Code Sections 102430

In this section

Information contained in this section includes:

Subsection Title	See Page
Confidential Vital Record Information	1002
Access to Confidential Information	1004
Access to Birth and Death Indices	1005
Vital Record Data Security	1006

Confidential Vital Record Information

Introduction

The medical section on the birth certificate and fetal death certificate is confidential information. Access to the confidential information on these certificates is limited to persons specified by statute.

REFERENCE: Health and Safety Code Section 102430, California Penal Code Section 529 (a), Business and Professions Code Section 22430

Types of confidential information

Confidential vital record data not available to the public is identified in the table below:

Type of confidential information	Description
Medical data section of birth records	Applies to birth records registered after January 1, 1949
Fetal death/stillborn records	Applies to records registered after January 1, 1949
State birth and death index books	State index books on loan to county recorders for the official use of recorders' staff only
Reallocated records from other jurisdictions	Copies of birth and death records from other county or state agencies
Sealed records	Applies to records that were sealed after January 1, 1905 including: <ul style="list-style-type: none"> • Adoption • Paternity action • Gender reassignment • Gender error • Documented fraud or erroneous filing

Continued on next page

Confidential Vital Record Information, Continued

Confidential information on vital records

The medical and health section of birth and fetal death records is confidential. Access to confidential information on these certificates is limited to only those persons specified by statute.

REFERENCE: Health and Safety Code Section 102430, Business and Professions Code Section 22430

Reallocated records from other jurisdictions

Birth and death records received from other county or state agencies are considered confidential, as other state laws may prohibit and/or limit access to certain vital event information. Copies of reallocated records are sent to the county of residence for statistical purposes only. Upon extraction of the data, copies of the records must be destroyed and may not be shared with outside entities.

In-state death reallocations

The death reallocation list of persons over the age of 18 years sent to the registrar of voters, county welfare office, and the SSA may not contain out-of-state reallocations.

Sealed records

Vital records sealed by the State Registrar due to adoption, paternity action, gender reassignment, gender error, derogatory names, racial slurs, documented fraud, etc., are not available to the public. Access may only be obtained via court order.

Upon receipt of a sealing notice by the State Registrar, all information regarding the record must be obliterated, including information from computers, microfilm, and indices. When a copy cannot be removed from a local book, the sealing notice should be glued firmly over the face of the record.

REFERENCE: Health and Safety Code Sections 102680, 102730, 102760, 102768, 103260, 103355

Access to Confidential Information

**Persons
authorized to
access
confidential
information**

California law restricts access to confidential information on birth certificates to the following:

- state and local registrar staff
- the county coroner
- persons with a valid scientific interest as determined by the State Registrar
- researchers who have approval from the Committee for the Protection of Human Subjects and the Vital Statistics Advisory Committee (VSAC)
- the parent who signed the certificate or, if no parent signed the certificate, the mother
- the person named on the certificate

REFERENCE: Health and Safety Code Section 102430

**Reporting
access to
confidential
information**

When access is granted to the confidential medical data information on any birth certificate, such access must be logged on a record of access. The record of access must be open to public inspection. The record of access must include:

- name of person authorizing access
- name, title, and organizational affiliation of person given access
- specific purpose for which the information is to be used
- dates of access

REFERENCE: Health and Safety Code Section 102430 (b)

Access to Birth and Death Indices

Overview	<p>The State Registrar is required to prepare and maintain separate non-comprehensive indices for all California birth and death records for public release, as well as indices for purposes of law enforcement and/or preventing fraud.</p> <p>Requesters must complete a form and sign under penalty of perjury. Any person that violates the provisions outlined is guilty of a misdemeanor and should be denied further access.</p> <p>REFERENCE: Health and Safety Code Section 102230</p>
Non-comprehensive birth record indices for public release	<p>Non-comprehensive birth record indices for public release shall be comprised of first, middle, and last name, sex, date of birth, and place of birth.</p> <p>REFERENCE: Health and Safety Code Section 102230 (b)(2)</p>
Non-comprehensive death record indices for public release	<p>Non-comprehensive death record indices for public release shall be comprised of first, middle, and last name, sex, date of birth, place of birth, place of death, date of death, and father's last name.</p> <p>REFERENCE: Health and Safety Code Section 102230 (b)(3)</p>
Non-comprehensive birth record indices for law enforcement and/or preventing fraud	<p>Non-comprehensive birth record indices for the purpose of preventing fraud shall be comprised of first, middle, and last name, sex, date of birth, place of birth, and mother's maiden name.</p> <p>REFERENCE: Health and Safety Code Section 102230 (c)(2)</p>
Non-comprehensive death record indices for law enforcement and/or preventing fraud	<p>Non-comprehensive death record indices for the purpose of preventing fraud shall be comprised of first, middle, and last name, place of death, mother's maiden name, sex, social security number, date of birth, place of birth, date of death, and father's last name.</p> <p>REFERENCE: Health and Safety Code Section 102230 (c)(3)</p>
Comprehensive indices	<p>For more information regarding comprehensive indices please contact the Public Health Policy and Research Branch at (916) 552-8095 or HIRS@cdph.ca.gov.</p>

Vital Record Data Security

**Unauthorized
release of
confidential
data**

Any person who releases a copy of the confidential portion of the certificate of live birth, except as provided by state law, is guilty of a misdemeanor.

The criminal penalty for unauthorized release is a fine of five hundred dollars (\$500) or six months in jail. The criminal penalty shall not preclude suit for civil or punitive damages by any individuals harmed by the unauthorized release.

REFERENCE: Health and Safety Code Section 102475, California Penal Code Section 529 (a), Business and Professions Code Section 22430

**Security
requirements
for vital record
data**

To protect the integrity of vital records, the custodian of records should:

- prohibit public access where certificates are processed or stored
 - control access to areas where certificates are being processed
 - ensure that vital records are not left unattended during breaks and lunch periods
 - provide locked file cabinets or locked file rooms for certificates containing confidential information
-

**Access to
automated
databases**

Access to databases must be equally protected from unauthorized users.

County personnel should maintain current logs of those persons accessing databases and the level of access. These logs should be periodically reviewed to avoid any breach in security and unauthorized use.

Continued on next page

Vital Record Data Security, Continued

Database security

Written authorization must be on file for state and local staff to access vital record databases as follows:

- justification for access to the vital record database
 - confidentiality statement signed by the individual
 - a statement that no one may be authorized to print or create documents
-

Monitoring database access

Access to the automated database must be programmed to:

- identify the user
 - record access attempts
 - identify the number of records accessed, and
 - record the duration of access time
-

Unauthorized access to database

Access not determined to be required and consistent with job duties must be terminated.

VERIFICATION OF
RECORDS

Verification and Inspection of Non-Confidential Records

Overview This section provides information on verification of records without a fee for purposes of school and employment. This section also addresses free access to non-confidential records for reporters.

REFERENCE ACL 13-14

In this section Information contained in this section includes:

Subsection Title	See Page
Verification of Date and Place of Birth	1102
Verification for School and Employment	1103
Inspection of Non-Confidential Records for Reporters	1104

Verification of Date and Place of Birth

Verification of date and place of birth

The state or local registrar or county recorder may, without fee, verify a *birth date* and *place* of birth when the applicant can present sufficient information to identify the birth record.

REFERENCE: Health and Safety Code Section 103575

The following sample request may be used by local offices for this verification.

VERIFICATION REQUEST						
This is NOT a birth certificate						
TO BE COMPLETED BY APPLICANT						
Full Name of Child	_____					
	First	Middle	Last			
Birthplace of Child	_____					
Claimed Date of Birth	_____					
FOR OFFICIAL USE ONLY						
This is to VERIFY that the above birthplace and birth date are correct as they appear on the child's record of birth, which is on file in this office of which I am the legal custodian.						
Date Verified	_____	Signature	_____			
			Registrar			

Verification for School and Employment

**Verification for
school and
employment**

A certification, limited to a statement as to the date of birth of any child needed for admission to school or for the purposes of securing employment shall be issued without fee by the local registrar or county recorder upon request of any parent or guardian.

REFERENCE: Health and Safety Code Section 103570

The following sample request may be used by local offices for this verification.

VERIFICATION REQUEST			
This is NOT a birth certificate			
TO BE COMPLETED BY APPLICANT			
Full Name of Child _____			
	First	Middle	Last
Claimed Date of Birth _____			
FOR OFFICIAL USE ONLY			
This is to VERIFY that the above birth date is the correct date as it appears on the child's record of birth, which is on file in this office of which I am the legal custodian.			
Date Verified _____		Signature _____	
		Registrar	

Inspection of Non-Confidential Records for Reporters

**Inspection of
non-
confidential
certificates or
indices for
reporters**

Reporters are entitled to free inspection of non-confidential records. No fee shall be charged any publisher, editor, or reporter employed by a newspaper of general circulation or news service to inspect, in the scope of his or her position or employment, any certificate or indices. Although reporters are authorized by law to inspect indices free of charge, they must sign the proof of identity form required by Health and Safety Code Section 102230 (b) (4). This section applies to the inspection of non-confidential records only; if a copy is required the statutory fee shall be charged.

REFERENCE: Health and Safety Code Sections 103655, 102230 (b)(4)

Fees

Overview

The fee for any search of the files and records performed by the custodian of the records is the same whether a certified copy is issued or not issued. Failure to collect the fees prescribed is a violation of the law.

REFERENCE: Health and Safety Code Section 103650

In this section

Information contained in this section includes:

Subsection Title	See Page
Fees for Search	1202
Certificate of No Public Record	1203
Fees - When not payable	1204

Fees for Search

Search fee collection

A fee must be collected before a search is made, whether or not the record is found. The registered certificate is a legal document to be sold upon request for the statutory fee. Each subsequent certificate is also to be charged the statutory fee. If no record is found, a "Certificate of No Public Record" is issued.

REFERENCE: Health and Safety Code Sections 103625, 103650

Failure to collect fee

Portions of each fee are allocated to the State and to various trust funds. Failure to collect the fees prescribed is a violation of the law.

REFERENCE: Government Code Section 6100

Fee for government entity

A fee is required for making a certified copy of a vital record for any public entity, e.g., the State, the Regents of the University of California, a county, city, district, public authority, public agency, and any other political subdivision or public corporation in the State.

REFERENCE: Health and Safety Code Section 103660

Certificate of No Public Record

Certificate of No Public Record

When no record is found, a "Certificate of No Public Record" is issued by the custodian.

The following State form may be adapted for use by local offices:

Certificate of No Public Record

Name(s):	John Doe		
Type of Event:	Birth		
Dates From:	July 1905	Through:	Present

This is to certify that a search has been made of the California Department of Public Health (CDPH) Vital Records Statewide Index covering the event shown above, and no public record of this event was found based on the information provided in your application.

The requested record could not be found due to one or more of the following reasons:

- ☐ A public record matching the information you provided was not found.
- ☐ Critical search information needed to identify this record (e.g., parent's birth last name, county of event, exact date of event) was not provided.
- ☐ If your request was for a Certificate of Fetal Death, a registered Certificate of Fetal Death matching the information provided could not be located. The county is not required to register a fetal death that occurs within the first 20 weeks of the pregnancy.
- ☐ If your request was for a Certificate of Still Birth, a registered Certificate of Fetal Death matching the information provided could not be located. A Certificate of Still Birth can only be prepared from information contained in a registered Certificate of Fetal Death.

If you have new or additional information to assist us in locating this record, please submit a new request including fee and sworn statement (if appropriate).

For more information, visit our website at www.cdph.ca.gov.

CDPH VITAL RECORDS

Fees - When not payable

Fees - When not payable

There are three circumstances when the custodian of records may issue a free certified copy. Each situation is authorized in statute.

REFERENCE: Government Code Sections 6103.9, 6107; Health and Safety Code Section 103577; ACL 13-14, 15-05, and 15-10.

What to do

The table below provides instructions for issuing a free certified copy of a vital record.

If request is for a free copy for ...	Then provide a...
Child or Spousal Support Enforcement Reference: Government Code Section 6103.9	Certified copy without charge to the local child support agency and/or the district attorney of any state for cases involving the establishment or enforcement of a child or spousal support obligation.
Veterans' Official Use Reference: Government Code Section 6107	Certified copy without charge for any form of allotment, allowance or benefit relating to armed forces of the United States. The free copy is to be provided to the Veterans Services Office for processing.
Homeless Person, Child, or Youth Reference: Health and Safety Code Section 103577	Certified <u>birth</u> record without charge for a homeless person, child or youth; or, any person lawfully entitled to request a certified record of live birth, on behalf of a homeless child or youth only, not an adult. The applicant must also complete an affidavit, verifying status homeless status.

For child or spousal support and veteran's benefits requests, a fee exempt certified copy may be issued for any type of vital record, as long as the request meets all applicable statutory requirements. Copies issued under these two categories should also be stamped "For Official Government Use Only."

For homeless person, child, or youth requests, do NOT issue birth record with "For Official Government Use only" stamp.

See *General Information* section (pages 902-904) for additional information.

Continued on next page

Fees - When not payable, Continued

Sample

The following is a sample of a District Attorney's application for a free certified copy of a birth record.

<p>The complaining witness, _____, maiden name _____, has filed with our office under the Aid to Needy Children Program of _____.</p> <p>Please furnish this office with a copy (s) of the birth certificate (s) for the child/children involved in this case.</p> <p>Name _____, born _____</p> <p>Name _____, born _____</p> <p>Parent's name is listed as _____. This document is necessary for our legal file in order to establish a child support obligation.</p> <p>Pursuant to Section 6103.9 of the California Government Code, there will be no charge. Section 6103.9 states in part, "Notwithstanding any other provision of law, except as provided in this section, the local child support agency and the district attorney shall be exempt from the payment of any fees, including fees for services of process and filing fees, in any action or proceeding brought for the establishment of a child support obligation..."</p> <p style="text-align: right;">Sincerely,</p> <p style="text-align: right;">District Attorney</p>

Fee Schedule

Check All County Letters for the current Fee Schedule.

Vital Statistics Forms

General Information

CDPH-VR prescribes and furnishes to the local registrars all forms for the registration of birth, fetal death, and death. All events must be registered on state-provided forms. It is not permitted to reproduce registration forms.

Supplies should be ordered by form number and name. Use form VS 140e when ordering forms.

Sufficient supplies to last approximately six months should be ordered at one time.

For items not listed below, please visit CDPH-VR website at:
<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx>

REFERENCE: Health and Safety Code Section 102100

Form Number	Form Name
VS 5	Transmittal of Fees – Certified Copies
VS 6	Fees Received – Certified Copies
VS 7	Fees Received – Permit for Disposition of Human Remains
VS 8	Transmittal of Fees to State – Permit for Disposition of Human Remains
VS 9(e)	Application and Permit for Disposition of Human Remains (<i>e-form only, PDF fillable</i>)
VS 10A(e)	Certificate of Live Birth & Fetal Death – Medical Data Supplemental Worksheet (<i>e-form only</i>)
VS 10B	Race Identification Work Sheet
VS 10D	Certificate of Live Birth
VS 10M	Certificate of Live Birth (Multiple parents – State use only)
VS 11	Certificate of Death
VS 11e	Certificate of Death – (prints back side only-EDRS use)
VS 12	Certificate of Fetal Death/Worksheet
VS 12e	Certificate of Fetal Death – (prints back side only-FDRS use)
VS 21	Application to Amend a Birth Record - Adjudication of Facts of Parentage
VS 22	Application to Amend a Birth Record - Acknowledgement of Paternity
VS 23	Application for Amendment of Birth Record to Reflect Court Order Change of Name
VS 24	Affidavit to Amend a Record – Birth, Death, and Fetal Death
VS 24A	Physician's/Coroner's Amendment
VS 24C	Application to Amend a Marriage Record
VS 43	Sealing Notice
VS 44(e)	Court Report of Adoption (<i>e-form only</i>)

Vital Statistics Forms, Continued

Form Number	Form Name
VS 45	Monthly Transmittal of Fees to State – Petitions for Adoption
VS 60A (e)	Ledger Book Record of California Marriage (02/09) <i>(e-form only, PDF fillable)</i>
VS 61(e)	Ledger Book Record of California Birth <i>(e-form only)</i>
VS 85	Delayed Registration of Birth
VS 105	Court Order Delayed Registration of Fetal Death
VS 106(e)	Local Registrar's Transmittal Report <i>(e-form only)</i>
VS 107	Supplemental Name Report - Birth
VS 108	Court Order Delayed Registration of Birth
VS 109	Court Order Delayed Registration of Death
VS 110(e)	Ledger Book Record of California Death <i>(e-form only, PDF)</i>
VS 115	License and Certificate of Marriage for Denominations Not Having Clergy
VS 116	License and Certificate of Declaration of Marriage
VS 117	License and Certificate of Marriage
VS 117B(e)	Application for License to Marry <i>(e-form only)</i>
VS 118(e)	Souvenir Marriage Certificates <i>(e-forms only)</i>
VS 119	Monthly Transmittal of Fees – Marriage Licenses and Dissolutions of Marriage
VS 122	Court Order Delayed Certificate of Marriage
VS 123	License and Certificate of Confidential Marriage
VS 136	Certificate of Finding of Unknown Child or Safely Surrendered
VS 140e	Vital Statistics Forms Request <i>(e-form only)</i>
VS 246	Monthly Transmittal Fees to State Petitions of Dissolution of Marriage, Judgment of Nullity, or Legal Separation
VS-PUB 109	Blank Amendment Paper <i>(28 lb. white ledger)</i>

Use this page for notes.

APPENDIX B. Sample Occupation Table

The U.S. Department of Labor's "Dictionary of Occupational Titles" has been replaced by O*NET (The Occupational Information Network): <http://www.onetonline.org/>. On the O*NET home page, there is a "Find Occupations" feature that allows users to search for occupations by industry. The O*NET program is the nation's primary source of occupational information. Central to the project is the O*NET database, containing information on hundreds of standardized and occupation-specific descriptors. The database, which is available to the public at no cost, is continually updated by surveying a broad range of workers from each occupation. Information from this database forms the heart of O*NET OnLine, an interactive application for exploring and searching occupations.

If the person says <i>Occupation Group</i> is:	Find out what <i>Type</i>, for instance:
Adjuster	Claim adjuster, brake adjuster, machine adjuster, complaint adjuster, insurance adjuster, etc.
Agent	Advertising agent, freight agent, insurance agent, purchasing agent, sales agent, manufacturer's agent, real estate agent, etc.
Analyst	Program, systems, policy, etc.
Apprentice	Baker's apprentice, butcher's apprentice, carpenter's apprentice, compositor's apprentice, fireman's apprentice, pipefitter's apprentice, tailor's apprentice, etc.
Architect	Software, residential, industrial, etc.
Assembler	Balance assembler, bench assembler, clamp-jig assembler, fireworks assembler, piano assembler, turbine assembler, watch assembler, etc.
Assistant	Administrative assistant, assistant cook, laboratory assistant, office assistant, printer's assistant, research assistant, roofer's assistant, assistant speech therapist, etc.
Barber/ Cosmetologist	Hair

Continued on next page

Builder/ Contractor	House builder, boat builder, highway construction contractor, farm laborer contractor, plumbing contractor, etc.
Caretaker/ Custodian	Janitor, guard, building superintendent, gardener, groundskeeper, farm foreman, locker attendant, vault attendant, etc.
Child Care Provider	Daycare, preschool, after school program, etc.
Clerk	Stock clerk, bookkeeper, statistical clerk, adding machine operator, typist, sales clerk, general office clerk, etc.
Doctor	Physician, veterinarian, osteopath, chiropractor, dentist, etc.
Domestic	Butler, cook, housekeeper, etc.
Engineer	Civil engineer, mechanical engineer, locomotive engineer, stationary engineer, steam shovel engineer, etc.
Entertainment	Film, music, etc.
Esthetician	Skin, make-up, etc.
Factory worker	Type of assembler, binder, weaver, knitter, seamstress, punch press operator, sorter, etc.
Farm worker/ farmer	Farm owner, ranch owner, farm tenant, farm cropper, farm laborer, cowhand, farm hand, cotton picker, farm manager, farm foreman, farm overseer, etc.

Continued on next page

Fireman	Locomotive fireman, stationary fireman, city firefighter, kiln fireman, fireguard, etc.
Food Service	Cook, dishwasher, food server, head chef, etc.
Handyman	Home repair, home maintenance, etc.
Helper	Anglesmith's helper, baker's helper, cableman's helper, chemist's helper, kiln operator helper, mover's helper, office helper, etc.
Inspector	Buckle inspector, carpet inspector, housing inspector, police inspector, traffic inspector, weed inspector, etc.
Laborer	Porter, janitor, window washer, car cleaner, section hand, gardener, farm laborer, etc.
Machinist	Precision measuring instrument machinist, metal part machinist, (not repairer, mechanic, or welder), etc.
Manager	Building manager, apartment house manager, display manager, farm manager, office manager, etc.
Mechanic	Automobile mechanic, airplane mechanic, radio mechanic, etc.
Technician	Nail, radiology, pharmacy, laboratory
Nurse	Registered nurse, practical nurse, nurse's aide, licensed practical nurse, licensed vocational nurse, etc.
Office worker	Receptionist, file clerk, bookkeeper, word processing machine operator, statistical clerk, etc.

Continued on next page

Optician	Eye glasses, contact lenses, etc.
Painter	Building painter, artist, sign painter, etc.
Repairer	Appliance repairer, electric motor repairer, gear repairer, instrument repairer, watch repairer, rubber goods repairer, etc.
Salesperson (Salesman, etc.)	Advertising salesperson, insurance salesperson, newspaper deliverer, driver salesperson, etc.
Secretary	Office work secretary, corporate secretary, etc.
Sports	Tennis, bowling, baseball, soccer, basketball, football, hockey, etc.
Student	High school, welding school, medical school, etc.
Supervisor/ Foreman	Typing supervisor, chief bookkeeper, section foreman, yard foreman, kitchen supervisor, supervising nurse, etc.
Teacher	Seventh grade math teacher, college English professor, high school auto shop teacher, second grade teacher, art teacher, private dancing teacher, etc.

What to do if... The table below provides additional instructions for completing the occupation and industry items.

If...	Enter this for occupation...	Enter this for business or industry...
homemaker	<i>Homemaker</i>	<i>Own Home</i>
retired	usual occupation while working	usual business or industry while working
self-employed	functional occupation	the related business or industry
institutionalized, disabled, and unemployed	usual occupation if individual ever worked	usual business or industry if individual ever worked
student	<i>Student</i>	<i>High School, Welding School, Medical School, etc.</i>
infant	<i>Infant</i>	a dash
child	<i>Child</i>	a dash
never worked	<i>Never Worked</i>	a dash
unknown	<i>Unk</i>	a dash
refused	<i>Withheld</i>	a dash

NOTE:

Unemployed is **not** an acceptable entry.

APPENDIX C. Sample Business/Industry Table

If the person says <i>Industry is:</i>	Find out what <i>Type</i> , for instance:
Agency	Collection agency, advertising agency, real estate agency, employment agency, travel agency, etc.
Agriculture	Cattle ranch, fruit farm, fishery, horticultural ranch, crop farming, etc.
Bakery	Wholesale bakery, retail bakery, bread manufacturing, etc.
Club	Golf club, night club, fraternal club, etc.
Education	City school, public school, teachers' association, state education organization, etc.
Factory or mill	Steel rolling mill, hardware factory, aircraft factory, flour mill, lumber mill, planing mill, etc.
Government	Public school, state public health agency, state hospital, city water department, federal tax agency, federal shipyard, etc.
Lumber	Lumber camp, lumberyard (wholesale), retail lumber sales, etc.
Military, Armed Forces, etc.	Military police, motor pool, fighter planes, chemical warfare, nuclear weapons, tank crew, damage control, finance office, etc.

Continued on next page

Mine	Coal mine, gold mine, iron mine, copper mine, lead mine, marble quarry, etc.
Nursery	Nursery school, day nursery, plant nursery, etc.
Oil	Oil burners, oil drilling, oil pumping station, oil extraction, etc.
Office	Dentist's office, life insurance company, state agency, physician's office, etc.
Packing house	Meat packing plant, fruit cannery, vegetable packing house (specify wholesale, retail), etc.
Petroleum	Refinery, petroleum extraction, petroleum wholesale sales, etc.
Public utilities	Gas, electric, water, telephone, list combinations, such as gas and electric, etc.
Repair shop	Shoe repair shop, radio repair shop, welding shop, auto repair shop, machine repair shop, etc.
Restaurant	Fast food, fast casual, casual dining, fine dining, etc.
Retail store	Grocery store, retail lumberyard, retail general store, retail drugstore, retail florist, retail liquor store, etc.
Transportation	Trucking company, airline company, railroad, taxicab company, moving and storage company, shipping company, etc.

Continued on next page

What to do if... The table below provides additional instructions for completing the occupation industry items.

If...	Enter this for occupation...	Enter this for business or industry...
homemaker	<i>Homemaker</i>	<i>Own Home</i>
retired	usual occupation while working	usual business or industry while working
self-employed	functional occupation	the related business or industry
institutionalized, disabled, and unemployed	usual occupation if individual ever worked	usual business or industry if individual ever worked
student	<i>Student</i>	<i>High School, Welding School, Medical School, etc.</i>
infant	<i>Infant</i>	a dash
child	<i>Child</i>	a dash
never worked	<i>Never Worked</i>	a dash
unknown	<i>Unk</i>	a dash
refused	<i>Withheld</i>	a dash

Use this page for notes.

Guidelines for Out-of-Hospital Birth Registration

Registration guidelines

These guidelines for out-of-hospital birth registration are intended to help the registrar assure the accuracy and validity of the birth certificate. These guidelines are not all-inclusive. Registrars should supplement these guidelines if needed to verify the circumstances of the birth.

In this chapter

This chapter contains the following sections:

Subsection Title	See Page
General Information	1602
Responsibilities of the Local Registrar	1606
Recommended Procedures	1610
Physician/Midwife Attended Out-of-Hospital Birth Packet (for physicians, midwives or parents to use to register the birth)	Attachment 1
Parents' Out of Hospital Birth Packet (for parents to use to register the birth)	Attachment 2

OUT-OF-HOSPITAL BIRTH REGISTRATION

Use this page for notes.

General Information

Persons responsible for registering birth

For live births that occur outside a hospital or Alternative Birth Center (ABC), the physician in attendance at the birth; or in the absence of a physician attending the birth, the midwife attending the birth, or in the absence of a midwife, either one of the parents shall be responsible for entering the information on the certificate, securing the required signatures, and for registering the birth with the local registrar.

REFERENCE: Health and Safety Code Section 102415

Registration timeframe

Registration prior to one year: Each live birth that occurs in California shall be registered with the local registrar for the district in which the birth occurred within 10 days following the date of the birth.

Birth certificates submitted for registration beyond the 10 day mandate may be accepted by the local registrar, but these certificates must be properly registered within one year of the date of birth.

REFERENCE: Health and Safety Code Section 102400

Registration after one year: Certificates registered on or after the child's first birthday must be processed by the CDPH-Vital Records as a Delayed Registration of Birth

REFERENCE: Health and Safety Code Section 102525

Registration packet

A packet is included to help physicians, midwives, and parents register out-of-hospital births. This packet is:

- Physician/Midwife Attended Out-of-Hospital Birth Packet, and

The local registrar should provide the appropriate packet to the physician, midwife, or parent(s) prior to the registration appointment. This packet includes worksheets that the physician, midwife, or parent(s) should complete and bring to the registration appointment.

Detailed instructions

Instructions for completing the VS10D are detailed in the Birth Chapter of this handbook. Exceptions that pertain only to out-of-hospital or ABC births are listed on the following page.

Continued on next page

General Information, Continued

- 4B Hour – Unknown time of birth** For unattended births, enter the birth parent’s best estimate of the time of birth. “Unknown” is an acceptable entry only if the birth parent is unable to reasonably estimate the time of birth.
- 5A Place of birth** The table below provides instructions for completing Item 5A for out-of-hospital births

If the birth occurred in a...	Then enter...
Place other than a hospital	a description such as: <i>residence, automobile, doctor’s office, clinic, etc.</i>
Prison, shelter for unwed/battered person	a dash. Complete Items 5B through 5D with the address of the facility.
Bus, automobile, train, or ambulance	<i>Bus, automobile, train, or ambulance</i> as appropriate and indicate the nearest cross streets or position on highway, e.g., <i>Intersection 4th and Main or X miles east of Metro City on U.S. 105.</i> Complete Items 5B and 5C.
Airplane	<i>Airplane en route to...</i> , and specify latitude and longitude in Item 5B. Enter the name of the city where the airport is located in Item 5C and the county having jurisdiction over that city in Item 5D.
Ship at sea	<i>Ship en route to...</i> , and specify latitude and longitude in Item 5B. Enter the port of call (city) in Item 5C and the county having jurisdiction over that city in Item 5D.

- Reporting births at sea, on a bus, train, etc.** The birth of a child at sea or on any moving public conveyance such as a bus, ambulance, train, ship, or airplane is required to be reported to the local registrar having jurisdiction over the place of the first stop or first port of call.

Continued on next page

General Information, Continued**12A Parent or other informant-signature**

A child may sign as an informant or as an attendant for an out-of-hospital birth. The child's age is not a consideration, provided the child is able to attest to the correctness of the information and is able to print or write his/her name, or is able to make a "mark."

13A Attendant or Certifier-Signature Degrees or Title

If the birth was attended by a...	Then...
physician or professionally licensed midwife who is registering the birth at the local registration district	instruct the attendant to sign the completed certificate and enter their degree or title.
physician or professionally licensed midwife who is unavailable to register the birth at the local registration district	Enter "unavailable."
a child (the child's age is not a consideration, provided the child is able to attest to the correctness of the information and is able to print or write their name, or is able to make a "mark")	Instruct the child to print or write their name, or make a "mark."
See 13A in the Birth Section of this handbook for additional instructions.	

13B License number

Enter the California license number if the birth was attended by a physician or professionally licensed midwife. If there was no attendant, enter a dash. See 13B in the Birth Section of this handbook for additional instructions.

To verify the physician's or midwife's license number, please visit: <http://www2.dca.ca.gov/> or contact the California Medical Board at:

The Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382

13C Date signed

The attendant is to enter the date they sign the completed birth certificate. If there was no attendant or the attendant is unavailable, enter a dash.

Continued on next page

General Information, Continued

**13D Typed
name, title and
mailing address
of attendant**

If the birth was attended by a...	Then...
physician or professionally licensed midwife who is registering the birth at the local registration district <i>and an affidavit has been signed,</i>	<i>type the name and title of the physician or midwife who is certifying the fact of birth.</i>
physician or professionally licensed midwife who is unavailable to register the birth at the local registration district <i>and an affidavit has been signed,</i>	<i>type the name and title of the physician or midwife who is certifying the fact of birth.</i>
physician or professionally licensed midwife who is unavailable to register the birth at the local registration district <i>and an affidavit has not been signed,</i>	<i>do not</i> type the name and title of the physician or midwife who attended the birth. Enter “unavailable.”
the birth parent delivered alone	enter “unattended”
a child	type the child’s name

Responsibilities of the Local Registrar

Who should appear at the Health Department to register the birth certificate?	<p>In order to register an out-of-hospital birth, the local registrar must require the personal appearance of:</p> <ul style="list-style-type: none"> • The physician and parent(s), or parent(s) with the physician's sign affidavit, for physician attended births, or • The midwife and parent(s), or parent(s) with the midwife's signed affidavit, for midwife attended births, or • The parent(s) and attendant (if appropriate), for non-physician, non-midwife attended births. <p>NOTE: They do not necessarily need to come into the office at the same time.</p>
Certificate to be completed at registrar's office	<p>The birth certificate must be completed at the local registrar's office. To assure the security of blank birth certificates, the local registrars must not provide blank birth certificates to anyone to be completed and returned later.</p>
Assurance of accuracy and validity of birth certificate	<p>Out of hospital births not attended by a physician or midwife (or when the physician or midwife who attended is unable to appear in person at the local registration district):</p> <p>The local registrar must assure the accuracy and the validity of the VS 10D. This is accomplished by requiring the parent(s) to provide evidence of:</p> <ol style="list-style-type: none"> a) Identity of the parent(s). b) Pregnancy of the person giving birth.* c) Infant was born alive. d) Birth occurred in the county where the child is to be registered, and* e) Identity of the witness if a witness attended the birth.* <p>*If the physician or midwife who attended the birth is unavailable to appear at the local registration district, they may send a signed affidavit with the parents. Upon review of the affidavit, the local registrar may accept the affidavit as evidence to prove b, d & e. However, the parent(s) will still need to provide evidence for a & c.</p> <p>Physician or midwife attended births when the physician or midwife appear in person at the local registration district to register the birth:</p> <p>For physician or midwife attended births, accuracy and validity are achieved by requiring the physician or midwife to provide evidence of the following:</p> <ul style="list-style-type: none"> • Identity of the physician or midwife. • Identity of the parent(s). • Infant was born alive. <p>NOTE: The physician or midwife's signature on the birth certificate certifies to the pregnancy of the person giving birth and that the baby was born in the county where the child's birth is being registered.</p>

Continued on next page

Responsibilities of the Local Registrar, Continued

a) Identity of the physician, midwife and parent(s)

A valid picture identification card issued to the physician or midwife and to the parent(s) by a governmental agency should be provided to prove identity. Some recommended forms of identification that may be used are listed below:

- ☐ California driver's license or California identification card issued by the Department of Motor Vehicles.
- ☐ U.S. Passport.
- ☐ U.S. Military Identification Card, or
- ☐ Temporary Resident Identification Card (green card).
- ☐ Other valid picture identification card issued by a foreign government.

If the person giving birth gave birth in California but is not here legally, they might be able to get identification verification from their consulate.

b) Pregnancy of the birth parent

To prove the pregnancy of the person giving birth, a pregnancy test verification form, a signed letter, or a signed "Affidavit of Birth Information for Out-of-Hospital Births" that meets all the following conditions should be provided:

- ☐ Written on the doctor's, midwife's, or clinic's official stationery (not on a prescription pad) or on the "Affidavit of Birth Information for Out-of-Hospital Births" form.
- ☐ Signed (not stamped) by the California doctor, midwife, or clinic representative/nurse, and
- ☐ Contains the current California-issued professional license number of the physician or midwife who signed the letter or affidavit.

The letter or affidavit must include the following information:

- ☐ The person giving birth's name.
 - ☐ The date the person giving birth was first seen by the doctor or midwife (this date may be after the date of birth).
 - ☐ The results of the person giving birth's prenatal or postpartum examinations or pregnancy tests or completing the medical data section on the affidavit (e.g. complications and procedures of pregnancy and concurrent illness, and clinical procedures related to the newborn).
 - ☐ The date of the person giving birth's last menstrual period.
-

c) Infant was born alive

- ☐ **THE BABY SHOULD BE BROUGHT TO THE APPOINTMENT.**
The appointment should not be conducted if the baby is not present.
-

Continued on next page

Responsibilities of the Local Registrar, Continued

Birth occurred in California

Information must be provided showing that the person giving birth was in the county where the child's birth is to be registered on the date that the birth occurred. Information to confirm the person giving birth's presence may include any of the following:

- ☐ If the birth occurred at the person giving birth's residence, furnish an electric power, natural gas, or water bill for the period when the birth occurred. The copy of the bill (or statement from the company) must show the name of the utility company, the address of the residence where the birth occurred, and the name of either parent listed on the birth certificate.
 - ☐ An affidavit from a person with the person giving birth at the time of the infant's birth. The affidavit must contain the address of the person with the person giving birth, and the location of the birth.
 - ☐ A driver's license, current rent receipt, or other similar document that shows the person giving birth's name and current address, or
 - ☐ A statement from an official of a state or local government agency that requires proof of residency in California that the person giving birth was receiving services on the date of the child's birth (e.g. WIC or Medi-Cal).
-

Identity of the witness

For non-physician or non-midwife attended births, if a witness attended the birth, a witness is required to accompany the parent to the appointment.

A witness may include any of the following:

- ☐ Spouse, SRDP or other family member.
 - ☐ Friend.
 - ☐ Child old enough to write their name (if the child does not have a picture identification card, the parent may bring a picture of the child with the child's social security card and birth certificate. This applies **only** to children).
-

Continued on next page

Responsibilities of the Local Registrar, Continued

Identity of the witness (continued)

- ☐ Paramedic or fire department staff.

If a paramedic or fire department staff was present at the birth, the parent can obtain a copy of the official report stating the treatment or service they provided. (**Note:** There may be a fee charged for a copy.) The staff does not have to be present at the appointment, nor does the parent have to bring a copy of their identification.

If the paramedic arrived after the baby's birth, the parent is instructed to bring a copy of the 911 call or an official report of the contents of the 911 call, along with a copy of the paramedic's report.

- √ If the paramedic cut the cord, or was present when the cord was cut, the report should so state.
 - √ If the paramedic delivered the placenta, the report should so state.
-

Valid form of identification

A valid picture identification card issued to the witness by a government agency must be provided to prove identity. Only the original or a certified copy of one of the following documents is acceptable:

- ☐ California driver's license or California identification card issued by the Department of Motor Vehicles.
 - ☐ U.S. Passport.
 - ☐ U.S. Military Identification Card, or
 - ☐ Temporary Resident Identification Card (green card)
-

Verification

The local registrar may verify the accuracy of all information provided to register an out-of-hospital birth.

Registrar's right to refuse to register birth

If the requirements of Health and Safety Code 102415 and of the enclosed registration packet or other bona fide evidence are not presented to the registrar, then the registrar must refuse to register the birth certificate. In these cases, the birth certificate may be registered only by authority of a superior court.

REFERENCE: Health and Safety Code Section 103450

Recommended Procedures

Entering information on the certificate

Health and Safety Code Section 102415 states in part that the physician, midwife, or parent is responsible for entering the information on the certificate. CDPH-VR interprets this to mean the physician, midwife, or parent is responsible to see that the information is entered and is correct. Therefore, CDPH-VR recommends that the local registrar enter information on the certificate for the physician, midwife and parent(s).

This procedure should minimize the number of improperly completed certificates. The physician or midwife and parent signatures on the certificate will then verify their concurrence with the information entered by the registrar.

Registration appointment-only basis

It is recommended that the local registrars require that out-of-hospital births be registered on an appointment-only basis. Separate appointments can be made to accommodate the physician's, midwife's and parents' schedules. If separate appointments are requested, the parents' appointment should be scheduled prior to the physician's or midwife's appointment.

This approach should provide both the registrar and the physician or midwife and parent(s) with efficient use of time.

Pending registration

At times, preparation of a certificate for out-of-hospital births may be started, but for some reason is not completed promptly. If this occurs, registrars may retain the incomplete certificate in a pending file but must shred it if the certificate is still incomplete after one year from the date of birth.

Worksheet and affidavit retention

While the worksheet is intended to facilitate the registration process, the affidavit is intended to certify the accuracy of the information entered on the worksheet. Neither the worksheet nor the affidavit are permanent records. Registrars may retain the worksheet and affidavit in a file and discard them one year after the date signed by the local registration district staff.

Social security numbers for newborns

The NANA program, operated by the SSA, is only available for newborns delivered in hospitals. Parents of newborns delivered out-of-hospital should be referred to the SSA to obtain a social security number for their newborn.

Continued on next page

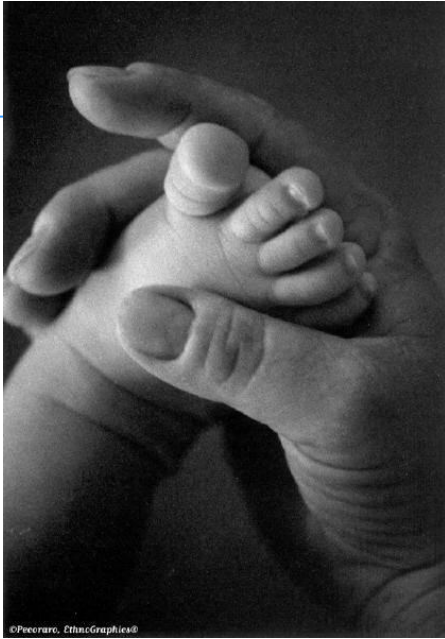
Recommended Procedures, Continued

**Additional
verification, if
needed**

These guidelines are not all-inclusive. Registrars should supplement these guidelines if needed to verify the circumstances of the birth.

Physician/Midwife Attended – Attachment 1

Out-of-Hospital Birth Packet



When a birth occurs outside a hospital, the physician or midwife in attendance at birth, or in the absence of a physician or midwife, the parents must register the birth of the baby.

This packet contains an IMPORTANT worksheet which the physician, midwife, or parents must complete and take to their local health department within 10 days following the date of the baby's birth. This worksheet will be used to register the birth of the baby.



Registering an out-of-hospital birth

Dear Physician/Midwife:

CDPH-VR understand that you have recently attended the birth of a child outside a hospital. You may be aware that under current State law (Health and Safety Code §102415), you are required to register the birth of this child with the LRD.

The enclosed packet provides instructions on how to register this child's birth. Additionally, this packet contains an important worksheet that must be completed to register the birth of this child. CDPH-VR asks that you read the entire packet, fill out the worksheet, and gather needed documents related to the birth. Please call () _____ to schedule an appointment with the LRD to complete the birth certificate. Please share the worksheet with the parent(s) of the child prior to the registration appointment so they can assist in gathering worksheet information. Additionally, please advise the parents that they need to visit the LRD to sign the birth certificate. Although CDPH-VR suggests that the parents sign the certificate at the time of our appointment, a separate appointment can be made to accommodate their schedule. The birth will not be registered until all signatures are in place.

By law, the birth certificate must be registered within **10 days** of the birth. (Health and Safety Code §102400)

In some instances you may be unable to physically visit the LRD to register the births that you attend. In such cases please refer to the following:

If...	Then...
You want your typed name on title on the birth certificate	<ol style="list-style-type: none"> Fill out the "Worksheet and Affidavit for Out-of-Hospital Births" in this packet. Refer the parent(s) to the "Parents' Out-of-Hospital Birth Packet." Instruct the parents to take the signed affidavit and other evidence to prove the five facts listed below to the LRD when they register the birth: <ol style="list-style-type: none"> Identity of parent(s) Pregnancy of the person giving birth Infant was born alive Birth occurred in the county where the birth certificate is to be registered Identity of witness <p><i>Please note that the signed affidavit from a physician or midwife may be enough evidence to prove b, d, and e, but the parents will still need to provide evidence for facts a and c.</i></p> Upon review and acceptance of the affidavit, the clerk will type your name and title on the birth certificate (Item 13D). However, the signature box (Item 13A) will state "Unavailable."
You want your signature and typed name and title on the birth certificate	<ol style="list-style-type: none"> Follow the instructions in this packet. Fill out the "Worksheet and Affidavit for Out-of-Hospital Births." Call the LRD to schedule an appointment to come in and complete the certificate. Instruct the parent(s) that they need to visit the LRD to sign the certificate and provide evidence for facts a and c above. They can go at the same time of your appointment or a separate appointment can be made to accommodate their schedule.
You do not want your signature or typed name and title on the birth certificate	<ol style="list-style-type: none"> Refer the parents to the instructions in this pamphlet. Inform parents that without a signature from a physician or midwife on the birth certificate, they will need to provide evidence of the five facts listed above.

Thank you for your time and help in registering the birth of this child.

Chief Deputy Registrar, Vital Records

Physician/Midwife Instructions

Actions required prior to appointment

Complete the enclosed “Worksheet and Affidavit for Out-of-Hospital Births” prior to your appointment with the local registrar.

The enclosed worksheet will be used to register the child’s birth and prepare the birth certificate. Therefore, fill out the worksheet accurately with facts as of the day that the child was born. CDPH-VR prefer that all items be completed or accounted for, including public health data on the lower half of the worksheet. However, the following items, which apply to information for both the parents, are optional at the discretion of the parents: race and ethnicity, education, usual kind of business or industry, usual occupation, and social security numbers. CDPH-VR have enclosed coding sheets for your use in completing the public health data portion. Contact CDPH-VR if you have any questions regarding registering the child’s birth.

Proof of identity

Please be aware that we will expect the physician or midwife and the parents to produce written documentation of their identities at the time they sign the birth certificate. Further discussion of the documentation required is discussed below.

Identity of the physician/ midwife and parent(s):

A valid picture identification card issued to the physician or midwife and to the parent(s) by a governmental agency should be provided to prove identity. Some recommended forms of identification that may be used are listed below:

- ☐ California driver’s license or California identification card issued by the Department of Motor Vehicles
- ☐ U.S. Passport
- ☐ U.S. Military Identification Card, or
- ☐ Temporary Resident Identification Card (green card)
- ☐ Other valid picture identification card issued by a foreign government

If the parents are not legally in California, they may be able to get identification verification from their consulate.

Additionally:

Physicians and midwives **must** provide their professional license number for verification purposes.

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Instructions for registering an out-of-hospital birth

Physician/Midwife Instructions, Continued

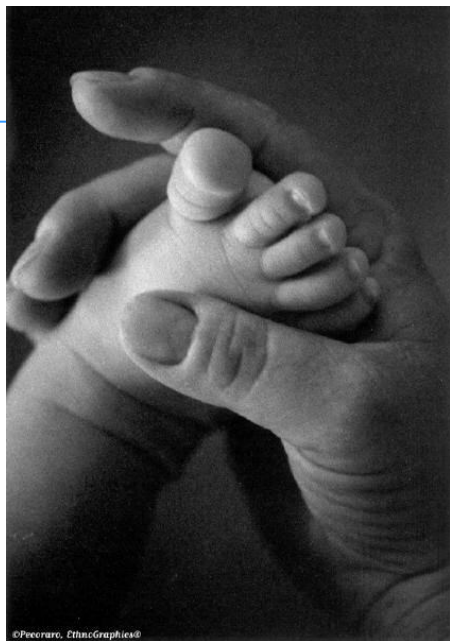
Declaration of Paternity If the person giving birth is not married or in a SRDP, the other parent's name shall not be listed in Items 6A-6C unless both are biological parents and both sign a voluntary CS 909. Call the POP at (916) 464-1982 or the local health department if you have any questions.

Verification The County Registrar may verify the accuracy of all information provided to register an out-of-hospital birth.

Registrar's right to refuse to register birth If the requirements of the Health and Safety Code and of the enclosed registration packet or other bona fide evidence are not presented to the registrar, then the registrar must refuse to register the birth certificate. In these cases, the birth certificate may be registered only by authority of a superior court.

REFERENCE: Health and Safety Code Section 103450.

Congratulations!



When a birth occurs outside a hospital, the physician or midwife in attendance at birth, or in the absence of a physician or midwife, the parents must register the birth of the baby.

This packet contains an IMPORTANT worksheet which the physician, midwife, or parents must complete and take to their local health department within 10 days following the date of the baby's birth. This worksheet and affidavit will be used to register the birth of the baby.



Questions frequently asked by parents

Why do I need to register my baby's birth?

You need to register your baby's birth to comply with state law. For children not born in a hospital, California law requires the physician or midwife in attendance at the birth; or in the absence of a physician or midwife, either one of the parents to register the birth of your baby born in California. (Health and Safety Code Section 102415)

You also need to register your baby's birth so that your baby can obtain an official birth certificate. During the course of your baby's life, they will need an official birth certificate on many occasions. For example, an official birth certificate (a certified copy of the birth certificate) may be required to:

- Obtain a SSN
- Enroll in school
- Register to participate in sports
- Apply for a driver's license
- Obtain a passport
- Apply for various benefits (Social Security, military)

Birth certificates are also valuable to establish:

- Proof of parentage
- Identity
- Inheritance rights
- Citizenship

A certified copy of a birth certificate is a legal record of your child's birth. Certified copies are recognized in any court.

What will I need to register my baby's birth?

The out-of-hospital birth packet tells you everything you need to register your baby's birth, including worksheets and detailed instructions. This packet is available from your local health department or from CDPH-VR. The mailing address for CDPH-VR is P.O. Box 997410, Sacramento, CA 95899-7410, or you may call (916) 445-8494.

Who should register my baby's birth?

When a baby is born at home or otherwise outside a hospital, the physician or midwife who attended the birth, or in the absence of a physician or midwife, either one of the parents is responsible for registering the baby's birth with the local health department.

When should I register my baby's birth?

By law, you must register the birth of your child within 10 days of the birth. There is no fee to register your baby's birth. However, you will be charged a fee if you do not register within the child's first year. Any birth registered on or after the child's first birthday must be processed by the State Vital Records as a Delayed Registration of Birth. If you cannot meet the requirements for a Delayed Registration of Birth, you will have to apply to your local superior court for a Court Order Delayed Registration of Birth. Out-of-hospital births are harder to register the longer you wait after the date of birth.

How can I make sure the certificate is completed correctly?

Please be sure to review your child's birth certificate for accuracy before signing it. Never sign a **blank** birth certificate. If you sign a **blank** birth certificate, the person filling it out may make errors. Once the record has been filed, any corrections, such as corrections of misspellings or omissions, must be made through the CDPH-VR, and a fee may be charged.

What if there is a mistake on the birth certificate?

After your child's birth certificate has been registered, the original certificate, with the exception of gender errors, cannot be changed. Errors may be corrected by filing a VS 24, which is available from your local health department, or the CDPH-VR. **When accepted, the affidavit will be attached to the original certificate and will become part of the legal birth record.**

If there is a gender error on your child's birth certificate, please contact your local registration district to speak with someone about how to correct it.

What if part (or all) of the baby's name was left off the birth certificate?

After your baby's birth certificate has been registered, the original certificate cannot be changed. If part (or all) of the baby's name was left off the birth certificate, and you wish to add the baby's name, a VS 107 or VS 24 can be used. This form is available from your local health department, or the CDPH-VR. **The completed application, when accepted, will be attached to the original certificate and will become part of the legal birth record.**

NOTE: If you wish to change your child's name after the birth has been registered, you will need to obtain a court order.

For amendments made within one year of the child's birth, there is no processing fee, unless you are correcting a gender error. For amendments made one year or more after the child's birth, there is a fee for filing the application.

How can I get a certified copy of the birth certificate?

You will not automatically receive a certified copy of your baby's birth certificate. Once your baby's birth is registered, you can request a certified copy of your baby's birth certificate from either the local health department, or County Recorder in the county where your child was born, or the CDPH-VR. The mailing address for CDPH-VR is P.O. Box 997410, Sacramento, CA 95899-7410. A fee is charged for each certified copy of a birth certificate.

How do I get an SSN for my child?

You can get a SSN for your child by contacting the nearest Social Security office. There is NEVER a charge for a Social Security number and card from the SSA. For more information about Social Security, contact your nearest Social Security office or call the toll-free number (800) 772-1213 between 7 a.m. and 7 p.m. any business day.

Questions frequently asked by parents, page 3

Who collects the information on the birth certificate?

The information you enter on the enclosed worksheet will be transferred to the VS 10D and collected by CDPH-VR, P.O. Box 997410, Sacramento, CA 95899-7410, telephone number (916) 445-2684. The information is required by Division 102 of the Health and Safety Code. The VS 10D is open to public access except where prohibited by statute. (Refer to the attached flyer, "Importance of Collecting Complete and Accurate Birth Certificate Information")

Am I required to complete every part of the worksheet?

You must complete each field of information on the worksheet, except for the fields located between the double bold lines in the center of the front page. CDPH-VR asks that you provide this optional information as well, so that the records are complete. However, you are not required to do so. The voluntary fields for both parents are:

- race and ethnicity
- education
- usual kind of business or industry
- usual occupation, and
- social security numbers

Additionally, for non-physician, non-midwife attended births, there are three voluntary fields (see asterisks on the worksheet) which apply to medical data:

- complications and procedures of pregnancy and concurrent illnesses
- complications and procedures of labor and delivery, and
- abnormal conditions and clinical procedures related to the newborn

These three fields are required for physician or midwife attended births.

What is the information on the birth certificate used for?

The State of California, Department of Public Health collects birth information for population studies and for studies about diseases in groups of people.

Worksheet for Out-of-Hospital Births

Please Bring This Completed Form To Register This Child's Out-Of-Hospital Birth

Child's Information	First Name	Middle	Last (Birth)	
	Sex	This Birth Specify 1=Single, 2=Twin, 3=Triplet, Etc.		
	Date of Birth	Time of Birth <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	Place of Birth	Street Address		
	City	County	Zip Code	
Parent's Information	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		
Person Giving Birth's Information	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		

The Following is Confidential Information and Will be Used for Public Health Purposes Only

Genetic Father's Information	Race (list up to 3)		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Last Worked
	See Attached Race/Ethnicity Worksheet		Specify: _____		
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Genetic Mother's Information	Race (list up to 3)		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Last Worked
	See Attached Race/Ethnicity Worksheet		Specify: _____		
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Person Giving Birth's Address	Residence – Street Name and Number		County		
	City		State	Zip	
	Mailing Address – If Different From Residence Address Street Name and Number or P.O. Box		County		
	City		State/Foreign County	Zip	

Continued on Back

Worksheet for Out-of-Hospital Births (Continued)

The Following is Confidential Information and Will be Used for Public Health Purposes Only					
Medical Data	Did Person giving birth Receive WIC (Womens, Infants & Children) Food While Pregnant?				
	Average Number of Cigarettes/Packs Per Day First Three Months Prior to Pregnancy			Average Number of Cigarettes/Packs Per Day First Trimester	
	Average Number of Cigarettes/Packs Per Day Second Trimester			Average Number of Cigarettes/Packs Per Day Third Trimester	
	Prepregnancy Weight in Pounds	Delivery Weight in Pounds	Height Feet	Height Inches	
	APGAR Score at 1 Minute (00-10, Unknown, or Not Taken)	APGAR Score at 5 Minutes (00-10, Unknown, or Not Taken)	APGAR Score at 10 Minutes (00-10, Unknown, or Not Taken)	Date Last Normal Menses Began	
	Date First Prenatal Care Visit	Month Prenatal Care Began	Date Last Prenatal Care Visit	Number of Prenatal Visits	
	Obstetric Estimate of Gestation at Delivery (Completed Weeks)			Hearing Screening: (Pass (Both Ears); Refer (One Ear); Refer (Both Ears); Results Pending; Waived; Not Medically Indicated; Test Not Available)	
	PREGNANCY HISTORY (Complete Each Section)				
	Live Births (Do not count this child)			Other Terminations (Exclude induced abortions)	
	Now Living	Now Dead	Before 20 Weeks	After 20 Weeks	
	Date of Last Live Birth			Date of Last Other Termination	
Enter Appropriate Codes From Worksheets	Principal Source of Payment for Prenatal Care	Birthweight in Grams (See attached birth weight conversion table)		Method of Delivery (See attached VS 10A worksheet)	
	Principal Source of Payment for Delivery	* Complications and Procedures of Pregnancy and Concurrent Illnesses (See attached VS 10A worksheet) Enter 00 for NONE			
	* Complications and Procedures of Labor and Delivery (See attached VS 10A worksheet) Enter 00 for NONE		* Abnormal Conditions and Clinical Procedures Related to the Newborn (See attached VS 10A worksheet) Enter 00 for NONE		
	* The attending physician or midwife shall complete these three fields for physician- or midwife-attended out-of-hospital births. These three fields are optional for non-physician- or non-midwife-attended out-of-hospital births.				

Affidavit of Birth Information for Out-of-Hospital Births

This Affidavit is to be Completed at the Local Health Office

I swear or affirm that the information stated is true and correct to the best of my knowledge and belief. I certify that the child named herein was born alive to the stated parent at the place, date, and time shown on this worksheet.

This worksheet was completed with the understanding that the facts so stated herein afford a full, complete, and truthful representation of facts and what my testimony shall be should I be asked or directed to testify to the facts herein in a court of law. I realize that any false statement of facts or information made herein could subject me to the risk of criminal liability, including, but not limited to, prosecution for perjury.

Parent Verification	Printed Name		Written Signature ▶	
	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Date Signed		Phone Number ()
Witness Verification	Printed Name		Written Signature ▶	
	Address – Street Name and Number			County
	City	State	Zip	
	Relationship to Child	Date Signed	Phone Number ()	
Attendant Verification (Physician, Certified Nurse-Midwife, or Licensed Midwife)	Printed Name		Written Signature ▶	
	Address – Street Name and Number			County
	City	State	Zip	
	State License Number	Date Signed	Phone Number ()	
Local Registration District Staff Verification	Printed Name		Written Signature ▶	
	Date Signed	<input type="checkbox"/> Registered	<input type="checkbox"/> Denied	Inventory Control Number _____

Privacy Notification

The information entered on the worksheet will be transferred to the Certificate of Live Birth (VS 10D) and will be collected by the California Department of Public Health-Vital Records, M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410, telephone number (916) 445-2684. This information is required by Division 102 of the Health and Safety Code. Every element on the worksheet is mandatory, except the items between the double bold lines on the first page of the worksheet. Failure to comply by every person, except a parent informant, is a misdemeanor. The Certificate of Live Birth is open to public access except where prohibited by statute. The principal purposes of this record are to: 1) Establish a legal record of each vital event, 2) Provide certified copies for personal use, 3) Furnish information for demographic and epidemiological studies, and 4) Supply data to the National Center for Health Statistics for federal reports. The parents' Social Security numbers are included pursuant to Section 102425 (b) (15) of the Health and Safety Code, and may be used for child support enforcement purposes.

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET**

VS 10A (Rev. 1/2016)

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE

Item 29D. (Fetal Death) (Enter only 1 code)

- | | | |
|--|------------------------------|---------------------|
| 02 Medi-Cal, without CPSP Support Services | 07 Private Insurance Company | 99 Unknown |
| 13 Medi-Cal, with CPSP Support Services | 09 Self Pay | 00 No Prenatal Care |
| 05 Other Government Programs (Federal, State, Local) | 14 Other | |

Item 28A. (Birth) METHOD OF DELIVERY

Item 32A. (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)

A. Final delivery route

- 01 Cesarean—primary
- 11 Cesarean—primary, with trial of labor attempted
- 21 Cesarean—primary, with vacuum
- 31 Cesarean—primary, with vacuum & trial of labor attempted
- 02 Cesarean—repeat
- 12 Cesarean—repeat, with trial of labor attempted
- 22 Cesarean—repeat, with vacuum
- 32 Cesarean—repeat, with vacuum & trial of labor attempted
- 03 Vaginal—spontaneous
- 04 Vaginal—spontaneous, after previous Cesarean
- 05 Vaginal—forceps
- 15 Vaginal—forceps, after previous Cesarean
- 06 Vaginal—vacuum
- 16 Vaginal—vacuum, after previous Cesarean
- 88 Not Delivered (Fetal Death Only)

B. If birth parent had a previous Cesarean—How many?

(Enter 0 – 9, or U if Unknown)

C. Fetal presentation at birth

- 20 Cephalic fetal presentation at delivery
- 30 Breech fetal presentation at delivery
- 40 Other fetal presentation at delivery
- 90 Unknown

D. Was vaginal delivery with forceps attempted, but unsuccessful?

- 50 Yes 58 No 59 Unknown

E. Was vaginal delivery with vacuum attempted, but unsuccessful?

- 60 Yes 68 No 69 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)

- 70 Yes 78 No

Item 28B. (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY

Item 32B. (Fetal Death) (Enter only 1 code)

- | | | |
|--------------------------|--|-------------------------------|
| 02 Medi-Cal | 05 Other Government Programs (Federal, State, Local) | 14 Other |
| 15 Indian Health Service | 07 Private Insurance | 99 Unknown |
| 16 CHAMPUS/TRICARE | 09 Self Pay | 00 Medically Unattended Birth |

Item 29. (Birth) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES

Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

DIABETES

- 09 Prepregnancy (Diagnosis prior to this pregnancy)
- 31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION

- 03 Prepregnancy (Chronic)
- 01 Gestational (PIH, Preeclampsia)
- 02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES

- 32 Large fibroids
- 33 Asthma
- 34 Multiple pregnancy (more than 1 fetus this pregnancy)
- 35 Intrauterine growth restricted birth this pregnancy
- 23 Previous preterm birth (<37 weeks gestation)
- 36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

- 24 Cervical cerclage
- 28 Tocolysis
- 37 External cephalic version—Successful
- 38 External cephalic version—Failed
- 39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

- 40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
- 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

- 42 Chlamydia
- 43 Gonorrhea
- 44 Group B streptococcus
- 18 Hepatitis B (acute infection or carrier)
- 45 Hepatitis C
- 16 Herpes simplex virus (HSV)
- 46 Syphilis
- 47 Cytomegalovirus (Fetal Death Only)
- 48 Listeria (Fetal Death Only)
- 49 Parvovirus (Fetal Death Only)
- 50 Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

- 51 Chlamydia
- 52 Gonorrhea
- 53 Group B streptococcal infection
- 54 Hepatitis B
- 55 Human immunodeficiency virus (offered)
- 56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

- 00 None
- 30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

**Do not enter any identification by patient name or number on this worksheet. Discard after use.
Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."**

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)

Item 30 (Birth) Item 34 (Fetal Death)	COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY (Enter up to 9 codes, separated by commas, for the most important complications/procedures.)
ONSET OF LABOR 10 Premature rupture of membranes (≥ 12 hours) 07 Precipitous labor (< 3 hours) 08 Prolonged labor (≥ 20 hours) CHARACTERISTICS OF LABOR AND DELIVERY 11 Induction of labor 12 Augmentation of labor 32 Non-vertex presentation 33 Steroids (glucocorticoids) for fetal lung maturation received by the birth parent prior to delivery 34 Antibiotics received by the birth parent during labor 35 Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) 19 Moderate/heavy meconium staining of the amniotic fluid 36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery 37 Epidural or spinal anesthesia during labor 25 Birth Parent transferred for delivery from another facility for maternal medical or fetal indications	COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES 38 Rupture of membranes prior to onset of labor 13 Abruptio placenta 39 Placental insufficiency 20 Prolapsed cord 17 Chorioamnionitis MATERNAL MORBIDITY 24 Maternal blood transfusion 40 Third or fourth degree perineal laceration 41 Ruptured uterus 42 Unplanned hysterectomy 43 Admission to ICU 44 Unplanned operating room procedure following delivery NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED 00 None 31 Other Labor/Delivery Complications/Procedures not Listed
Item 31 (Birth) Item 35 (Fetal Death)	ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS (Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)
CONGENITAL ANOMALIES (NEWBORN OR FETUS) 01 Anencephaly 02 Meningomyelocele/Spina bifida 76 Cyanotic congenital heart disease 77 Congenital diaphragmatic hernia 78 Omphalocele 79 Gastroschisis 80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes) 28 Cleft palate alone 29 Cleft lip alone 30 Cleft palate with cleft lip 57 Down's Syndrome—Karyotype confirmed 81 Down's Syndrome—Karyotype pending 82 Suspected chromosomal disorder—Karyotype confirmed 83 Suspected chromosomal disorder—Karyotype pending 35 Hypospadias 88 Aortic stenosis 89 Pulmonary stenosis 90 Atresia 62 Additional and unspecified congenital anomalies not listed above	ABNORMAL CONDITIONS (NEWBORN OR FETUS) 66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY) 71 Assisted ventilation required immediately following delivery 85 Assisted ventilation required for more than 6 hours 73 NICU admission 86 Newborn given surfactant replacement therapy 87 Antibiotics received by the newborn for suspected neonatal sepsis 70 Seizure or serious neurological dysfunction 74 Newborn transferred to another facility within 24 hours of delivery NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED 00 None (Newborn or Fetus) 75 Other Conditions/Procedures not Listed (Newborn Only) 67 Other Conditions/Procedures not Listed (Fetal Death Only)

RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

RACE/ETHNICITY (GENETIC FATHER/PARENT)	RACE/ETHNICITY (GENETIC MOTHER/PARENT)				
<p>HISPANIC, LATINO, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the GENETIC FATHER/PARENT Hispanic/Latino/Spanish?</p> <p> <input type="checkbox"/> No, not Hispanic/Latino/Spanish <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____ </p>	<p>HISPANIC, LATINA, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the GENETIC MOTHER/PARENT Hispanic/Latina/Spanish?</p> <p> <input type="checkbox"/> No, not Hispanic/Latina/Spanish <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____ </p>				
<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The GENETIC FATHER/PARENT is:</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ </td> <td style="vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ </td> </tr> </table> <p> <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ </p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____	<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The GENETIC MOTHER/PARENT is:</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ </td> <td style="vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ </td> </tr> </table> <p> <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ </p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____				
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____				
<p style="text-align: center;">EDUCATION (GENETIC FATHER/PARENT)</p> <p>Check 1 box that best describes the highest degree or level of school completed by the GENETIC FATHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p> <input type="checkbox"/> 0-11th grade. Enter highest year completed: _____ <input type="checkbox"/> 12th grade; no diploma. Enter 12 ND <input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED <input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE <input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____ </p>	<p style="text-align: center;">EDUCATION (GENETIC MOTHER/PARENT)</p> <p>Check 1 box that best describes the highest degree or level of school completed by the GENETIC MOTHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p> <input type="checkbox"/> 0-11th grade. Enter highest year completed: _____ <input type="checkbox"/> 12th grade; no diploma. Enter 12 ND <input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED <input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE <input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____ </p>				

Race abbreviations:

American Indian = AMERI IND

Asian Indian = ASIA IND

Cambodian = CAMBODIA

Vietnamese = VIETNAM

Guamanian = GUAMIAN

Pacific Islander = PACIF IS

TABLE FOR CONVERTING POUNDS AND OUNCES TO GRAMS

OUNCES																	
P O U N D S		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	0	--	28	57	85	113	142	170	198	227	255	284	312	340	369	397	425
	1	454	482	510	539	567	595	624	652	680	709	737	765	794	822	851	879
	2	907	936	964	992	1021	1049	1077	1106	1134	1162	1191	1219	1247	1276	1304	1332
	3	1361	1389	1418	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1758	1786
	4	1814	1843	1871	1899	1928	1956	1985	2013	2041	2070	2098	2126	2155	2183	2211	2240
	5	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2552	2580	2608	2637	2665	2693
	6	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3119	3147
	7	3175	3204	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3572	3600
	8	3629	3657	3686	3714	3742	3771	3799	3827	3856	3884	3912	3941	3969	3997	4026	4054
	9	4082	4111	4139	4167	4196	4224	4253	4281	4309	4338	4366	4394	4423	4451	4479	4508
	10	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4820	4848	4876	4905	4933	4961
	11	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5387	5415
	12	5443	5472	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5840	5868
	13	5897	5925	5954	5982	6010	6039	6067	6095	6124	6152	6180	6209	6237	6265	6294	6322
	14	6350	6379	6407	6435	6464	6492	6521	6549	6577	6606	6634	6662	6691	6719	6747	6776
15	6804	6832	6861	6889	6917	6946	6974	7002	7031	7059	7088	7116	7144	7173	7201	7229	
1 Ounce = 28.35 Grams			1 Pound = 453.60 Grams					EXAMPLE: 8 Pounds, 2 Ounces = 3,686 Grams									

1 Ounce = 28.35 Grams

1 Pound = 453.60 Grams

EXAMPLE: 8 Pounds, 2 Ounces = 3,686 Grams



Importance of Collecting Complete and Accurate Birth Certificate Information

Why is the birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code Section 102425. This law lists all the information required to be on the California birth certificate. This law also makes all medical information confidential.

What is the birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor, and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm babies, maternal deaths, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC (Women Infants Children), etc.

What birth certificate information is confidential on the birth certificate?

All medical information is considered confidential and not released to the public. This includes the parents' race, education, occupation, social security number(s), and address. The only persons that may access the confidential information are the California Department of Public Health, local county health department, persons with a valid scientific interest as determined by the State Registrar and Committee for Protection of Human Subjects, parent who signed the certificate or mother of the baby, and the child named on the birth certificate.

What if the parent does not want to provide the information?

All information is required by law with the exception of the parents' race, occupation, education, and social security number(s). Although not required, race, occupation, and education are very important for understanding and eliminating negative outcomes and developing needed programs.

Who collects the birth certificate information?

The birth certificate information is collected by the birth clerk and it is sent to the local county health department who forwards it to the California Department of Public Health, Vital Records.

Who should I contact if I still have questions?

Please contact the California Department of Public Health, Vital Records at (916) 445-8494.



Importancia de la Recolección de Información Completa y Precisa del Certificado de Nacimiento

¿Por qué es que la información del certificado de nacimiento es conseguida?

La información del certificado de nacimiento se recoge sobre la base de Salud de California y el Código de Seguridad Sección 102425. Esta ley enumera toda la información necesaria para estar en el certificado de nacimiento de California. Esta ley también hace que toda la información médica sea confidencial.

¿Cuál información del certificado de nacimiento se utiliza?

La información recogida se utiliza para registrar lo que pasó durante el embarazo, el parto y el parto, y cualquier otro problema del recién nacido que conducto experiencia. La información será utilizada para comprender y ayudar a prevenir defectos de nacimiento, los bebés prematuros, las muertes maternas, y los resultados del trabajo de otros, el parto y nacimiento. La información recopilada también ayuda a los líderes locales y estatales de salud pública en la toma de decisiones que los programas de dirección necesarias en la comunidad, tales como el cuidado de la diabetes, el embarazo adolescente, el programa WIC (Mujeres, Infantes para niños), etc.

¿Qué información es confidencial en el certificado de nacimiento?

Toda la información médica es confidencial y no se provee al público. Esto incluye la raza de los padres, educación, ocupación, número de seguro social (s) y dirección. Las únicas personas que pueden acceder a la información confidencial, son el Departamento de Salud Pública de California, departamento local de salud del condado, las personas con un interés científico válido según lo determinado por el Secretario de Estado y el Comité para la Protección de Sujetos Humanos, el padre que firmó el certificado o la madre de el bebé y el niño nombrado en el certificado de nacimiento.

¿Qué pasa si el padre no desea proporcionar la información?

Toda la información es requerida por la ley con la excepción de la raza de los padres, ocupación, educación, y número de seguro social (s). Aunque no es obligatorio, la raza, la ocupación y la educación son muy importantes para la comprensión y la eliminación de resultados negativos y desarrollar los programas necesarios.

¿Quién recoge la información del certificado de nacimiento?

La información del certificado de nacimiento es recogido por el secretario de nacimiento y se envía al Departamento de Salud local que lo envía al Departamento Estatal de Salud Pública, Registro Civil.

¿A quién debo contactar si tengo preguntas?

Por favor comuníquese con el Departamento Estatal de Salud Pública, Registro Civil al (916) 445-8494.

WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

Birth certificates last forever. Please be certain the information on the certificate is accurate and complete *before* you sign them.

- A birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take several months to apply an amendment. The processing time for amendments can be located on our website at:

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

Common mistakes that require amendments or court orders:

- Misspelled first, last and middle names of child and/or parents
- Incorrect state, country and/or birth date of parent(s)
- Reversed order of last (family) names
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Errors on birth certificates
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but an amendment is attached to create a **two-page** document.

- ✓ Parents please review the information on the birth certificate carefully before you sign it.
- ✓ Your signature confirms that you have reviewed the information and that the facts are correct.

Amendment forms may be obtained at local health departments or county recorder's offices.

LO QUE USTED NECESITA SABER ACERCA DEL CERTIFICADO DE NACIMIENTO DE SU HIJO

Los Certificados del nacimiento duran para siempre. Por favor asegúrese de que la información en el certificado este exacta y completa antes de que usted firme.

- Un certificado del nacimiento es un documento legal.
- Un formulario de enmienda es necesario para hacer correcciones al certificado de nacimiento.
- El certificado del nacimiento llegará a ser un documento de dos páginas si usted solicita una enmienda después de que el acta original se haya procesado.
- Muchos cambios en el certificado del nacimiento requieren al solicitante ir a la corte, es necesario hacer un Cambio de Nombre por medio de la Corte cuando uno cambia la orden de los nombres y apellidos.
- Padres pueden tener problemas para recibir los beneficios viajando en una línea aérea, obteniendo un pasaporte o el número del seguro social para su hijo si el certificado del nacimiento no es verdadero y correcto.
- Puede tomar unos meses para aplicar una enmienda.
- El tiempo de procesamiento de las enmiendas se puede encontrar en nuestro sitio de web:

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

Los comunes errores que requieren enmiendas o orden de corte:

- Nombres mal escrito como el primero, segundo y apellido de hijo y los padres.
- El estado o país o la fecha del nacimiento de los padres incorrecto.
- Orden inverso de apellidos (familia) y nombres.
- Agregando más nombres y apellidos a los nombres de los padres y el hijo después que la original se ha procesado.
- El género incorrecto de hijo
- La fecha de nacimiento incorrecto de su hijo.

El certificado **original** del nacimiento **no cambia**,
Pero una enmienda hace
Que su acta sea
Un documento de **dos páginas** sea la acta original y enmienda

- ✓ Padres revisan por favor la información en el certificado del nacimiento con cuidado antes de firmar.
- ✓ Su firma confirma que usted ha revisado la información y los hechos son correctos.

Las formas de la enmienda se pueden obtener en departamentos locales de salud o las oficinas de condado.

