

Affidavit of Birth Information for Out-of-Hospital Births

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 mother 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/Parent <input type="checkbox"/> Father/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, 1501 Capitol Avenue, 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 father's and the mother's Social Security numbers are included pursuant to Section 102425 (b) (14) of the Health and Safety Code, and may be used for child support enforcement purposes.