

PDF VR Forms: Prepare, Print & Submit Instructions

The actual Vital Record (VR) form that you prepare and submit becomes part of the official record of birth, death, fetal death or marriage on file, once the form is registered with California Department of Public Health – Vital Records. For this reason, it is very important that the form is prepared accurately, clearly, and legibly, as well as printed and mailed using these instructions.

Prepare, Print and Submit Instructions:

1) Review Instruction Pamphlet

Open or download the instruction pamphlet ([amendments and corrections](#) or [adoptions and paternity](#)) related to your request; you will need this information to correctly prepare the form. Complete VR PDF form completely and accurately according to instruction pamphlet.

2) Print Form

Important: the printed form will not be accepted unless it is printed as follows:

- a. On blank **WHITE PAPER**, such as standard copy paper (lined or watermarked paper is not acceptable)
- b. On standard **8x11 LETTER SIZE** paper (other paper sizes are not accepted)
- c. Printed using **only BLACK INK** (forms printed in color will not be accepted)
- d. Printed at **PRINT SCALE OF 100%** (or print scale “none”.)

Forms that are not printed according to these instructions will be rejected.

3) Sign Form

Obtain ink signature(s) as designated on the form. Signature(s) must be applied using **PERMANENT BLACK INK**. DO NOT enter any information in the portion of the form designated for “State Registrar”, “CDPH-VR” or “Local Registrar” use.

4) Assemble and Mail

Refer back to the applicable instruction pamphlet ([amendments and corrections](#) or [adoptions and paternity](#)) to determine the applicable fees and items to submit with request. You may use the checklist below to assist in assembly of your request.

Items to submit with request (check required/applicable items designated in pamphlet):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Completed PDF VR Form (required) |
| <input type="checkbox"/> | Fee of \$_____ (Check or money order payable to “CDPH-Vital Records”) |
| <input type="checkbox"/> | Notarized sworn statement (if applicable) |
| <input type="checkbox"/> | Certified copy request (if applicable) |
| <input type="checkbox"/> | Documentation or court order (if applicable) _____ |

Mail to: CDPH-Vital Records, PO Box 997410, MS 5103, Sacramento, CA 95899-7410