



County of Yolo
Clerk-Recorder
 Jesse Salinas, County Clerk/Recorder
 625 Court St., Rm. B-01 530 666-8130
 Woodland, CA 95695

For official use only: Certificate #: _____ Gov't agency _____ Clerk initials _____
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CERTIFIED COPY
BIRTH RECORD

Today's Date: _____

Only 1 Copy Per Request

Affidavit of Homeless Status Form Must be Submitted with This Request Form

Birth Record Information:				
Name on Certificate _____				
	First	Middle	Last	
Date of Birth	____/____/____	Place of Birth	_____	
	Month/Day/Year	City	County	State
Father's Name: _____				
	First	Middle	Last	
Mother's <u>Maiden</u> Name: _____				
	First	Middle	Last	

Mark Appropriate Boxes

(See H&S Code 103526 below)

Authorized **CERTIFIED COPY** of the record
 (Sworn statement required)

The California **H&S Code 103526**, permits only persons as defined below to receive *Authorized* certified copies of Birth records

- I am:**
- 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.

Applicant Information:

Name: _____ Telephone Number: () _____
 (Print Name)

Address: _____
 Number and Street City State Zip Code

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws
 (Printed Name)
 of the State of California, that I am an authorized person, as defined in California H&S Code 103526 (c), and am eligible to receive a certified copy of the birth record of the above and/or attached individual(s):

Sworn on _____
 (Date and Place) (Signature)

Note: If submitting your order by mail or fax, please read instructions on the back carefully.

AFFIDAVIT OF HOMELESS STATUS FOR FEE EXEMPT CERTIFIED COPY OF BIRTH CERTIFICATE

INFORMATION

- A fee exempt copy of a birth record may be obtained from the local registrar or county recorder office in the county where the registrant was born. A fee exempt copy cannot be obtained from the State Registrar.
- Each eligible person may only receive one fee exempt birth record, per application.
- Requests for fee exempt copies are still subject to other requirements outlined in the application for obtaining copies of birth records.
- Applications for a certified copy of a birth record may be obtained by contacting the vital records office in the county where the birth occurred.

Requirements for eligibility to receive a fee exempt copy of a birth certificate:

- Requests may be made by a homeless person, child or youth who can verify status as homeless.
- Requests may be made by a homeless person, child, or youth on behalf of themselves or by any person lawfully entitled to request a certified record of live birth on behalf of a homeless person, child, or youth.
- A “homeless person” and a “homeless child or youth” have the same meaning as defined in 42 United States Code Section (U.S.C.) 11301 et seq.
- A “homeless services provider,” as defined by statute, who has knowledge of a person’s status as homeless, must provide verification through completion of the affidavit.
- The affidavit will not be considered complete unless signed by both the homeless services provider and the person making the request for the birth record.

A “homeless services provider” includes:

- 1) A governmental or nonprofit agency receiving federal, state, or county or municipal funding to provide services to a “homeless person” or “homeless child or youth,” or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization.
- 2) An attorney licensed to practice law in this state.
- 3) A local educational agency liaison for homeless children and youth designated as such pursuant to Section 11432(g)(1)(J)(ii) of Title 42 of the United States Code, or a school social worker.
- 4) A human services provider or public social services provider funded by the State of California to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services.
- 5) A law enforcement officer designated as a liaison to the homeless population by a local police department or sheriff’s department within the state.

AFFIDAVIT OF HOMELESS STATUS FOR FEE EXEMPT CERTIFIED COPY OF BIRTH CERTIFICATE

PLEASE READ THE INFORMATION SECTION BEFORE COMPLETING THIS AFFIDAVIT

Pursuant to **Health and Safety Code Section 103577**, each local registrar or county recorder shall, without a fee, issue a certified record of live birth to any person who can verify his or her status as a homeless person or a homeless child or youth. This affidavit must be used for the purpose of requesting a fee exempt certified copy of a Certificate of Live Birth.

SECTION I.

To be completed by the person making the request for the certified birth record (hereafter: "requestor")

I, _____ swear or affirm, to the best of my knowledge and belief,
Printed Name of Requestor

that on the date listed below in this section, I am:

_____ a homeless person, or homeless child or youth;

OR,

_____ a person lawfully entitled to request a certified record of live birth on behalf of the

following homeless child or youth _____,
Printed Name of Homeless Child or Youth

who is homeless, as defined by 42 U.S.C. Section 11301 et. seq.

Signature of Requestor _____ **Date** _____

SECTION II.

To be completed by a "homeless services provider" (See authorized list on reverse side)

Entity Name of Homeless Services Provider Furnishing Verification of Homelessness:

Address: _____

Phone Number: _____ **E-mail:** _____

I, _____ swear or affirm, to the best of my knowledge and belief
Printed Name of Agent for Provider

that on the date listed below in this section, _____
Printed Name of Homeless Person or Homeless Child or Youth

is a homeless person or homeless child or youth, as defined by 42 U.S.C. Section 11301 et seq., and that I meet the requirements of a "homeless services provider" as defined within California Health and Safety Code Section 103577.

Signature of Agent for Provider _____ **Date** _____