## 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 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	Printed Name			Written Signature	
Verification					
	Relationship to Child		Date Signed		Phone Number
	□ Mother/Parent				( )
	□ Father/Parent			1	
Witness	Printed Name			Written Signature ►	
Verification					
	Address – Street Name and Number				County
	City		State	Zip	
	Relationship to Child Date Signed			Phone Number	
					( )
Attendant	Printed Name			Written Signature	
Verification					
	Address – Street Name and Number				County
(Physician,					
Certified Nurse-	City			State	Zip
Midwife, or					
Licensed	State License Number Date		Date Signed		Phone Number
Midwife)					( )
Local	Printed Name			Written Signature	
Registration					
<b>District Staff</b>	Date Signed				Inventory Control Number
Verification		$\Box R$	egistered	$\Box$ Denied	

## **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 State of California, Department of Public Health, Office of 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.