

Birth Records Self-Help Kit

# Section 8:

## Forms



Forms Revised August 2020



## List of Forms

-**Forms** are blank documents that you fill out and submit to the court in order to complete the process outlined in this guide. You should make copies of all the forms you have to submit before you start filling them out, in case you make a mistake you can't erase. We recommend that each form be printed out as a single page, eliminating any double-sided printing.

- **Form A** is a blank **petition and declaration on pleading paper**. This is also called a **Verified Petition and Declaration to Unseal Birth Records and Adoption Information**. You can copy this form and fill in the information, following the instructions in **Resource A**.
- **Form B** is a blank **order to unseal birth records and adoption information to the Department of Social Services**. This is also called a **Department of Social Services Order to Unseal Birth Records and Adoption Information**. You can copy this form and fill in the information, following the instructions on **Resource B**.
- **Form C** is a blank **order to unseal birth records and adoption information to the California Office of Vital Records**. This is also called a **California Office of Vital Records Order to Unseal Birth Records and Adoption Information**. You can copy this form and fill in the information, following the instructions on **Resource C**.
- **Form D** is a **third party's blank declaration on pleading paper**. You can copy this form and fill in the information, following the instructions in **Resource D**.
- **Form E** is **blank pleading paper**. These extra pieces of pleading paper can be copied and used if you run out of room in your petition and want to write the judge about other facts in your case; if you want to attach photographs as evidence; and/or if your third party runs out of room in their declaration.
- **Form F** is a blank **Certified Birth Certificate Request Form (VS 111)**. You can copy this application and fill in the information, following the instructions on Page 2 of the form. Page 3 of the form is a Sworn Statement. Bring this form with you to the notary public so you can sign it in front of them, and have it notarized. (Remember, you have to use the VS 111 form to get **any** certified copy of your birth certificate, whether it is your adoptive birth certificate or your original birth certificate.)

# **Form A**

## **Verified Petition and Declaration to Unseal Birth Records and Adoption Information**

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In Propria Persona

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF

In the Matter of

)  
) Case No.: ( \_\_\_\_\_ )  
)  
)  
) **VERIFIED PETITION AND**  
) **DECLARATION TO UNSEAL BIRTH**  
) **RECORDS AND ADOPTION**  
) **INFORMATION**  
)

TO THIS HONORABLE COURT:

Petitioner, \_\_\_\_\_, seeks an order from this Court granting petitioner's access to petitioner's birth records and adoption information for the purpose of determining in which Indian tribe petitioner's birth parent claimed membership. Upon such determination, petitioner will pursue enrollment in that tribe as well as all rights flowing from that relationship.

I, \_\_\_\_\_, declare as follows:

1. On information and belief, I was born on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . My original birth name is \_\_\_\_\_ .

1 2. On \_\_\_\_\_, this Court ordered my adoption to \_\_\_\_\_ under  
2 the name \_\_\_\_\_. My Case File Number is \_\_\_\_\_.

3 3. Attached hereto as Exhibit A is a true and correct copy of my Adoptive Birth  
4 Certificate.

5 4. On \_\_\_\_\_, I married \_\_\_\_\_. My legal name is now  
6 \_\_\_\_\_. Attached hereto as Exhibit B is a true and correct  
7 copy of the Marriage Certificate of \_\_\_\_\_.

8 5. On information and belief, my birth \_\_\_\_\_ born in  
9 \_\_\_\_\_ and was American Indian. I do not know my birth parents' names, dates of  
10 birth or in which tribe \_\_\_\_\_ held membership \_\_\_\_\_.

11 6. On information and belief, my birth \_\_\_\_\_ was born in \_\_\_\_\_.

12 7. On information and belief,

13 \_\_\_\_\_ . Also see \_\_\_\_\_ .  
14 Attachment/Declaration of \_\_\_\_\_, for additional detail.

15 8. On information and belief, I believe I am American Indian. I  
16 petition as follows.

17 9. On information and belief, I believe I am American Indian but I currently have little or  
18 no legal proof of my Indian ancestry. Without legal proof, I am unable to enroll with a tribe or  
19 establish my status as an Indian person. As a result I am not able to access programs and funding  
20 available to Indian people.

21 10. California Family Code §9200 recognizes that the judge of the superior court may  
22 authorize inspection of documents filed in adoption proceedings in exceptional circumstances  
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1 and for good cause approaching the necessitous. The documents which may be disclosed  
2 according to the discretion of the superior court are specified in §9200:

3 The petition, relinquishment or consent, agreement, order, report to the court from any  
4 investigating agency, and any power of attorney and deposition filed in the office of the  
5 county clerk pursuant to this part is not open to the inspection by any person other than  
6 the parties to the proceeding and their attorneys and the department, except upon the  
7 written authority of the judge of the superior court. A judge of the superior court may not  
8 authorize anyone to inspect the petition, relinquishment or consent, agreement, order . . .  
9 except in exceptional circumstances and for good cause approaching the necessitous.

10  
11 11. The Indian Child Welfare Act (“ICWA”), 25 U.S.C. § 1901 et. seq., California  
12 Family Code § 9209(a) and the California Health and Safety Code § 102705, provide the basis  
13 for this petition.  
14

15 12. ICWA section 25 U.S.C. § 1917 specifically provides as follows:  
16

17 Upon application by an Indian individual who has reached the age of eighteen  
18 and who was the subject of an adoptive placement, the court which entered the  
19 final decree shall inform such individual of the tribal affiliation, if any, of this  
20 individual’s biological parents and provide such other information as may be  
21 necessary to protect any rights flowing from the individual’s tribal  
22 relationship. 25 U.S.C. § 1917.

23 13. California Family Code § 9209(a) mirrors a similar language as follows:

24 Upon application by an Indian individual who has reached the age of 18 years  
25 and who was the subject of an adoptive placement, the court which entered the  
26 final decree of adoption shall inform that individual of the tribal affiliation, if  
27 any, of the individual's biological parents and provide any other information  
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1 as may be necessary to protect any rights flowing from the individual's tribal  
2 relationship, including, but not limited to, tribal membership rights or  
3 eligibility for federal or tribal programs or services available to Indians.

4  
5 14. In order for a tribe to enroll a person who is eligible for enrollment but has been  
6 adopted, the adoptee must furnish the tribe with proof, among other things, that he/she is a  
7 descendant of a member of the tribe. Most tribes require a certified copy of an original birth  
8 certificate.

9  
10 15. On information and belief, the applicable state law allows access to birth records  
11 when a petitioner files “a verified petition setting forth facts showing the necessity of such an  
12 order” granting access. Cal. Health and Safety Code § 102705. On information and belief, a  
13 petitioner may determine the names and addresses of the birth parents if they “are necessary to  
14 assist . . . in establishing a legal right.” Cal. Health and Safety Code § 102705.

15  
16 16. California Health and Safety Code § 102705 states as follows:

17 All records and information specified in this article, other than the newly  
18 issued birth certificate, shall be available only upon the order of the superior  
19 court of the county of residence of the adopted child or the superior court of  
20 the county granting the order of adoption.

21 No such order shall be granted by the superior court unless a verified petition  
22 setting forth facts showing the necessity of the order have been presented to  
23 the court and good and compelling cause is shown for the granting of the  
24 order. The clerk of the superior court shall send a copy of the petition to the  
25 State department of Social Services and the department shall send a copy of  
26

1 all records and information it has concerning the adopted person with the  
2 name and address of the natural parents removed to the court. The court  
3 must review these records before making an order and the order should so  
4 state. If the petition is by or on behalf of an adopted child who has attained  
5 majority, these facts shall be given great weight, but the granting of any  
6 petition is solely within the sound discretion of the court.  
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8 The name and address of the natural parents shall be given to the petitioner  
9 only if he or she can demonstrate that the name and address, or either of  
10 them, are necessary to assist him or her in establishing a legal right.  
11

12 17. I am currently seeking the identity of my birth \_\_\_\_\_ and my birth  
13 tribe so that I can pursue enrollment as a member of that tribe. My claim to such membership is  
14 based upon my belief that my birth \_\_\_\_\_ an American Indian, and my relatives  
15 would presumably be registered members of that tribe. In order for a tribe to enroll me as a tribal  
16 member, I must furnish it with proof, among other things, that I am a descendant of a member of  
17 the tribe. On information and belief, I can satisfy a tribe's enrollment requirements by providing  
18 a certified copy of my original birth certificate.  
19

20 18. On information and belief, I state that the California Department of Social Services  
21 maintains files regarding my adoption.  
22

23 19. On information and belief, I state that the California Office of Vital Records keeps  
24 my original birth certificate under seal, and this seal can be broken only upon order of the court.  
25

26 **WHEREFORE, petitioner prays that the Court:**

27 1. Order the California State Department of Social Services and/or any other state or  
28 local agency having custody of subject records, no later than two (2) months from the date of the



1 order, to provide the Court with all records and information concerning petitioner pursuant to  
2 California Health and Safety Code § 102705 and California Family Code § 9209(a).

3 2. Order the State Office of Vital Records and/or any other state or  
4 local official having custody of subject records, no later than two (2) months from the date of the  
5 order, to permit petitioner to obtain and inspect said records, including but not limited to a  
6 certified copy of petitioner's original birth certificate.

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8 3. Grant such other and further relief as the Court may deem just and proper.

9 DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

10  
11 **VERIFICATION**

12 I declare under penalty of perjury that I have personal knowledge of the foregoing  
13 allegations and that they are true and correct except where stated on information and belief, and  
14 as to those matters I believe them to be true.

15 Executed at \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_.

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19 DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
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## **Form B**

### **Order to Unseal Birth Records and Adoption Information to the Department of Social Services (DSS Order)**

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In Propria Persona

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF

In the Matter of

)  
) Case No.: (assigned by the court)  
)  
)  
) **DEPARTMENT OF SOCIAL SERVICES**  
) **ORDER TO UNSEAL BIRTH RECORD**  
) **AND ADOPTION INFORMATION**  
)  
)

\_\_\_\_\_ )  
The Court, having received the petition of \_\_\_\_\_ requesting access to petitioner's  
birth records and adoption information, including but not limited to the original birth certificate,  
and good cause having been found therefore, hereby

ORDERS the CALIFORNIA STATE DEPARTMENT OF SOCIAL SERVICES and/or  
any other state or local official having custody of subject records, no later than two (2) months  
from the date of this order, to provide this Court with all records and information concerning  
petitioner pursuant to California Health and Safety Code § 102705, California Family Code §  
9209(a) and the Indian Child Welfare Act.

DATED:

SIGNED:

Superior Court Judge

\_\_\_\_\_

\_\_\_\_\_

## **Form C**

### **Order to Unseal Birth Records and Adoption Information to the State Office of Vital Records (Vital Records Order)**

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3 In Propria Persona  
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7 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

8  
9 IN AND FOR THE COUNTY OF

10  
11 In the Matter of

)  
) Case No.: ( \_\_\_\_\_ )  
)

12 ) **STATE OFFICE OF VITAL RECORDS**  
13 ) **ORDER TO UNSEAL BIRTH RECORD**  
14 ) **AND ADOPTION INFORMATION**  
15 )

16 The Court, having received the petition of \_\_\_\_\_ requesting access to  
17 petitioner's birth records and adoption information, including but not limited to the original birth  
18 certificate, having reviewed the records of petitioner provided by the California State  
19 Department of Social Services and good cause having been found therefore, hereby

20 **ORDERS** the \_\_\_\_\_ **STATE DEPARTMENT OF PUBLIC**  
21 **HEALTH'S OFFICE OF VITAL RECORDS** and/or any other state or local official having  
22 custody of subject records, no later than two (2) months from the date of this order, to provide  
23 this Court with such records and to permit petitioner to obtain and inspect said records, including  
24 but not limited to the UNREDACTED original birth certificate, and further

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1           ORDERS that petitioner be allowed to obtain certified copies of said records as needed  
2 by petitioner.  
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4 DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Superior Court Judge

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# **Form D**

## **Third Party's Declaration on Pleading Paper**

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In Propria Persona

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF

In the Matter of

)  
) Case No.: ( \_\_\_\_\_ )  
)

) **DECLARATION IN SUPPORT OF**  
) **PETITION TO UNSEAL BIRTH**  
) **RECORDS AND ADOPTION**  
) **INFORMATION**  
)

I, \_\_\_\_\_, declare, under penalty of perjury, as follows:

- 1. I am a resident of \_\_\_\_\_ County, California.
- 2. I have known the Petitioner for \_\_\_\_\_ years.
- 3. Petitioner is my \_\_\_\_\_.
- 4. On information and belief, I believe that the Petitioner has American Indian Ancestry

because: \_\_\_\_\_

5. I can be contacted to provide testimony, if needed.

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1 **VERIFICATION**

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3 I declare under penalty of perjury that I have personal knowledge of the foregoing

4 allegations and that they are true and correct except where stated on information and belief, and

5 as to those matters I believe them to be true.

6 Executed at \_\_\_\_\_, on \_\_\_\_\_, 20 .

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9 Signed: \_\_\_\_\_

10 Declarant: \_\_\_\_\_

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# **Form E**

## **Blank Pleading Paper**

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# **Form F**

## **Application for Certified Copy of Birth Record**

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **“Informational, Not A Valid Document to Establish Identity.”**

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT</b> by selecting from the list below <b>AND COMPLETE THE ATTACHED SWORN STATEMENT</b> declaring that you are eligible to receive the Certified Copy. The Sworn Statement <b>MUST BE NOTARIZED</b> if the application is submitted by mail <b>unless you are a law enforcement or local or state governmental agency.</b> )	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, <b>“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”</b>  <b>(A Sworn Statement does not need to be provided.)</b>
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**NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.**

Fee: **\$25 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. **(Legal guardian must provide documentation.)**
- 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. **(Please include a copy of the court order.)**
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**
- A child, grandparent, grandchild, brother or sister, 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.
- Appointed rights in a power of attorney, or an executor of the registrant’s estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

**PLEASE ATTACH CHECK**

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today’s Date:**

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – <b>DO NOT SEND CASH</b> \$_____ Check \$_____ Money Order	Number of Copies	
City		Name of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ( )	Country	City	State	ZIP Code

**BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted:  No  Yes** (If Yes, see #4 on Page 2)  
**Complete the information below as shown on the birth record, to the best of your knowledge.**

FIRST Name		MIDDLE Name	LAST Name	
City of Birth (must be in California)			County of Birth	
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mother/Father/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	
Mother/Father/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	

## INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905. *The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal name on the birth record.*

## INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

**Confidential Information on Birth Record:** some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of our website at: [www.cdph.ca.gov](http://www.cdph.ca.gov). Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

### 5. SWORN STATEMENT:

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
  - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
  - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.
6. Submit \$25 for **each** copy requested. If no birth record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records. PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
  7. Mail completed applications with the fee(s) to:

California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410  
(916) 445-2684

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## BIRTH

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
 (Applicant's Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

*(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
 (Day) (Month) (City) (State)

\_\_\_\_\_  
 (Applicant's Signature)

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

**CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
 (insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.  
 (SEAL)

\_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC

The logo for California Indian Legal Services is centered on the page. It consists of an orange square containing the text "CALIFORNIA INDIAN LEGAL SERVICES" in white, serif, all-caps font. The word "INDIAN" is the largest and features a stylized blue and white Native American arrowhead symbol integrated into the letter "A".

CALIFORNIA  
INDIAN  
LEGAL SERVICES

Bishop  
Escondido  
Eureka  
Sacramento

California Indian Legal Services  
Community Legal Education Self-Help Series  
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