

# Request Vital Records Forms

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## INSTRUCTIONS

Fill out this form to request California Birth, Death, Fetal Death and Marriage forms and instructions to be mailed to you. Please allow up to two weeks for delivery by mail.

**Step 1:** Select forms and instructions to be mailed to you from the list of certified copy request and amendment forms below.

**Step 2:** Enter the name and mailing address where the form and instructions are to be sent; please provide a phone number and email address in the event clarification is needed to mail request.

**Step 3:** Click the "Submit Request" button (bottom of form) to submit the completed request by email.

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## REQUEST CERTIFIED COPY FORMS AND INSTRUCTIONS

Select certified copy request form(s) to be mailed to you, from list below:

- VS 12**-APPLICATION FOR CERTIFIED COPY OF FETAL DEATH RECORD
  - VS 13E**-APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF STILL BIRTH
  - VS 111**-APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD
  - VS 112**-APPLICATION FOR CERTIFIED COPY OF DEATH RECORD
  - VS 113A**-APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD
  - VS 113B**-APPLICATION FOR CERTIFIED COPY OF DIVORCE RECORD
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## REQUEST AMENDMENT/OTHER FORMS AND INSTRUCTIONS

Select vital record amendment form(s) to be mailed to you, from list below:

- VS 21**-APPLICATION TO AMEND A BIRTH RECORD-  
ADJUDICATION OF FACTS OF PARENTAGE
  - VS 22**-ACKNOWLEDGEMENT OF PATERNITY/PARENTAGE
  - VS 23**-AMENDMENT OF BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME
  - VS 24**-AFFIDAVIT TO AMEND A RECORD (BIRTH, DEATH, FETAL DEATH)
  - VS 24A**-PHYSICIAN/CERTIFIER'S AMENDMENT (BIRTH, DEATH, FETAL DEATH)
  - VS 24C**-AFFIDAVIT TO AMEND A MARRIAGE RECORD
  - VS 44**-COURT REPORT OF ADOPTION
  - VS 85**-DELAYED REGISTRATION OF BIRTH
  - VS 105**-COURT ORDER DELAYED REGISTRATION OF FETAL DEATH
  - VS 107**-SUPPLEMENTAL NAME REPORT-BIRTH
  - VS 108**-COURT ORDER DELAYED REGISTRATION OF BIRTH
  - VS 109**-COURT ORDER DELAYED REGISTRATION OF DEATH
  - VS 122**-COURT ORDER DELAYED CERTIFICATE OF MARRIAGE
  - VS 124**-POWER OF ATTORNEY – CALIFORNIA MARRIAGE LICENSE
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### Mail forms and information to:

Recipient Name	Mailing Address	City, State and Zip code
Phone number	Email address	

Click "Submit Request" button, or email the completed form request to: [OVRform@cdph.ca.gov](mailto:OVRform@cdph.ca.gov)