



# Court Order Delayed Certificates

Center for Health Statistics and Informatics – California Vital Records  
Effective January 2022

## Introduction

The court order delayed process is used to register certificates for events that are not registered, or when certified copies of certificates are not available. A statewide search for a certificate is recommended to confirm registration and/or availability of California certificates.

- Please visit the CDPH-VR website at [www.cdph.ca.gov](http://www.cdph.ca.gov) to request a statewide search.



- Please see [page 13](#) for a list of frequently asked questions and answers.
- *A court order may not be required.* Please contact the Local Registrar in the county where the child was born to register a birth certificate within the first year of the child's birth and review the [Delayed Registration of Birth Pamphlet](#) if requesting to register a birth certificate one year or more from the date of birth.
- If amending a birth, death, fetal death, or marriage certificate that is already registered, please visit the CDPH-VR website at [www.cdph.ca.gov](http://www.cdph.ca.gov).

## What to Submit and Mailing Address

To register a court order delayed certificate, please submit the following:

- **Properly Completed Application Form** (See *Form Guidelines* beginning on [page 3](#).)
- **Certified Copy of the Order** (See *requirements on top section of page 11*.)
- **Name and Mailing Address of Applicant** (See *requirements in the middle of page 11*.)
- **Appropriate Fee(s)** (See *requirements on bottom section of page 11*.)
- **Notarized Sworn Statement** (Only if requesting authorized copy. See [page 12](#).)

Mail your packet to the address below:

**California Department of Public Health**  
**Vital Records – Amendments – M.S. 5105**  
**P.O. Box 997410**  
**Sacramento, CA 95899-7410**



- Registered court order delayed certificates are returned via standard mail and do not contain a tracking number.
- You may provide a prepaid self-addressed envelope with your request for CDPH-VR to use and mail the registered certificate back to you. (Not Required)



## Court Order Delayed Certificate Checklist

To assist in the registration of your request, please submit the following:

### Properly Completed Order Establishing Facts of Event Form

- Order Establishing Facts of Event contains the court case number.
- Name of the petitioner and the name of the person whose event is being established are identified in the Order.
- Date the order was filed and the hearing date are located on the Order.
- Facts of the event, including the date, place, and reason why the event is being registered via court order are entered on the Order.
- Summary of the petition is located on the bottom of the Order.
- Judge's signature is located on the bottom of the Order.

### Completed Court Order Delayed Registration of Event Form

- The Court Order Delayed Registration of Event Form is completed with as much available information.

### Certified Copy of Order Establishing the Facts of the Event

- I have enclosed a certified copy of the Order Establishing the Facts of the Event.  
Note: The Order contains an original court seal, not a photocopy.

### Payment for Registration

There is a twenty-six dollar (\$26) registration fee, which includes one (1) certified copy of the court order delayed certificate.

- I have enclosed a check/money order (*payable to CDPH Vital Records*) for twenty-six dollars (\$26) for the registration of the certificate.

### Payment for Additional Copies of Certificate

- Birth** - I have enclosed a check or money order for twenty-nine dollars (\$29) per additional copy requested.
- Death** - I have enclosed a check or money order for twenty-four dollars (\$24) per additional copy requested.
- Fetal Death** - I have enclosed a check or money order for twenty-one dollars (\$21) per additional copy requested.
- Marriage** - I have enclosed a check or money order for seventeen dollars (\$17) per additional copy requested.

### Notarized Sworn Statement

I have requested copies of the court order delayed certificate and would like the copies to be certified authorized copies.

- I have enclosed a notarized sworn statement.

## Form Guidelines

Please review the applicable court order delayed registration form guidelines:

- For **birth** registrations, review page [3](#) (below) and [page 4](#)
- For **death** registrations, review pages [5](#) and [6](#)
- For **fetal death** registrations, review pages [7](#) and [8](#)
- For **marriage** registrations, review pages [9](#) and [10](#)

## Birth – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 108 - *Order Establishing Fact of Birth and Court Order Delayed Registration of Birth* form.

### Page 1 – Order Establishing Fact of Birth

#### Court Information

<b>ORDER ESTABLISHING FACT OF BIRTH</b>	
In the Superior Court of the State of California	
In and for the County of <b>(enter county where court is located)</b>	
In the matter of the petition of <b>(Enter name of petitioner)</b>	Number <b>(This is assigned at the court)</b>
To establish the fact of birth of <b>(Enter name of person whose birth is being established)</b>	Department <b>(This is assigned at the court)</b>

**All court information must be entered in this section.**

Note: The court assigns some information, including the department and court order number.

#### Petition Information

The verified petition of <u>Mary Jane Smith</u> to establish the fact of the birth of <u>Michael James Smith</u> having been filed herein on the <u>4th</u> day of <u>August</u> , A.D., 20 <u>15</u> , and such petition having by an order of court been duly set for hearing on the <u>22nd</u> day of <u>August</u> , A.D., 20 <u>15</u> , at the hour of <u>10</u> o'clock <u>a.</u> m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said <u>Mary Jane Smith</u> , petitioner herein, is
--

**Petition information must include the following:**

- Name of the petitioner
- Name of the person whose birth is being established
- Date the order was filed
- Hearing date

# Registering Court Order Delayed Certificates

## Birth – Form Guidelines (Continued)

### Birth Information

beneficially interested in establishing of record the fact of the birth of said Michael James Smith, in that Michael James Smith was born at home and we did not register his birth

and it appearing that on the 3rd day of May, A.D., 2005, a male child was born to John Michael Smith, parent and Mary Jane Smith, parent; that the name of said child is Michael James Smith (First) (Middle) (Last)

Enter birth information in this section, including:

- The name of the person whose birth is being established
- A brief reason why the birth is being registered through the court
- The date of birth and sex marker (gender) for the person
- The parent(s) name(s)

### Court Order Information

It is therefore ordered, adjudged, and decreed that on the 3rd day of May, A.D., 2005, a male child of the name of Michael James Smith was born to John Michael Smith, parent, and Mary Jane Smith, parent, at Sacramento, County of Sacramento, State of California.

This is a summary of the petition usually entered once the court grants the petition. Note: You may be required to fill this out by the court.

## Page 2 - Court Order Delayed Registration of Birth

COURT ORDER DELAYED REGISTRATION OF BIRTH STATE OF CALIFORNIA				
LEAVE BLANK STATE FILE NUMBER		NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS		LEAVE BLANK LOCAL REGISTRATION NUMBER
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL BIRTH RECORD				
FACTS OF BIRTH	1A. NAME—FIRST Michael	1B. MIDDLE James	1C. LAST Smith	
	2. SEX Male	3A. THIS BIRTH, SINGLE, TWIN, ETC. Single	3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC. --	4. DATE OF BIRTH—MMDD/CCYY 05/03/2005
PARENT	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY 1234 Main Street (At Home)		5B. CITY OR TOWN Sacramento	5C. COUNTY OR COUNTRY Sacramento
	6A. NAME OF PARENT—FIRST John	6B. MIDDLE Michael	6C. LAST (BIRTH) Smith	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
PARENT	7. STATE/FOREIGN COUNTRY OF BIRTH California			8. DATE OF BIRTH—MMDD/CCYY 07/04/1980
	9A. NAME OF PARENT—FIRST Mary	9B. MIDDLE Jane	9C. LAST (BIRTH) Jones	9D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input checked="" type="checkbox"/> PARENT
10. STATE/FOREIGN COUNTRY OF BIRTH California			11. DATE OF BIRTH—MMDD/CCYY 03/19/1981	

This form is used to create the court ordered delayed certificate of birth. Enter as much information as known. If unknown, please enter UNK.

Note: Only the following two (2) sections are required:

- Facts of Birth
- Parent(s) section

End of Birth – Form Guidelines section.

## Death – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 109 - *Order Establishing Fact of Death and Court Order Delayed Registration of Death* form.

### Page 1 – Order Establishing Fact of Death

#### Court Information

<b>ORDER ESTABLISHING FACT OF DEATH</b>	
<b>In the Superior Court of the State of California</b>	
<b>In and for the County of <u>(enter county where court is located)</u></b>	
In the matter of the petition of <u>(Enter name of petitioner)</u>	Number <u>(This is assigned at the court)</u>
To establish the fact of death of <u>(Enter name of person whose death is being registered)</u>	Department <u>(This is assigned at the court)</u>

**All court information must be entered in this section.**

Note: The court assigns some information, including the department and court order number.

#### Petition Information

The verified petition of <u>Mary Jane Smith</u> to establish the fact of the death of <u>Michael James Smith</u> having been filed herein on the <u>4th</u> day of <u>August</u> , A.D., 20 <u>15</u> , and such petition having by an order of court been duly set for hearing on the <u>22nd</u> day of <u>August</u> , A.D., 20 <u>15</u> , at the hour of <u>10</u> o'clock <u>a.</u> m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said <u>Mary J. Smith</u> , petitioner herein, is beneficially
---

**Petition information must include the following:**

- Name of the petitioner
- Name of the decedent (person whose death is being established)
- Date the order was filed
- Hearing date

#### Death Information

interested in establishing of record the fact of the death of said <u>Michael James Smith</u> in that <u>Michael James Smith went fishing by himself on June 2, 2000, and has not been seen or heard from since that day</u>
<u>_____</u> ; and it appearing that on the <u>2nd</u> day of <u>June</u> , A.D., 20 <u>00</u> , the death of <u>Michael James Smith</u> occurred at <u>Sacramento</u> , in the County of <u>Sacramento</u> , State of <u>California</u> ; that said death has not been registered in conformity with the provisions of law in

**Enter death information in this section, including:**

- The name of the decedent (person whose death is being established)
- A brief reason why the death is being registered through the court
- The date and place of death

# Registering Court Order Delayed Certificates

## Death – Form Guidelines (Continued)

### Court Order Information

<p>It is therefore ordered, adjudged, and decreed that on the <u>3rd</u> day of <u>May</u>, A.D.,  <u>20_05</u>, the death of <u>Michael James Smith</u>  occurred at <u>Sacramento</u>, County of <u>Sacramento</u>,  State of <u>California</u>.</p>
--

**This is a summary of the petition, usually entered once court grants the petition. Note: You may be required to fill this out by the court.**

### Page 2 - Court Order Delayed Registration of Death

COURT ORDER DELAYED REGISTRATION OF DEATH STATE OF CALIFORNIA				
LEAVE BLANK STATE FILE NUMBER		NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS		
LEAVE BLANK		LEAVE BLANK LOCAL REGISTRATION NUMBER		
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL DEATH RECORD				
DECEDENT PERSONAL DATA	1A. NAME—FIRST <b>Michael</b>	1B. MIDDLE <b>James</b>	1C. LAST <b>Smith</b>	
	2A. DATE OF DEATH—MM/DD/YYYY <b>06/02/2000</b>	2B. HOUR	3. DATE OF BIRTH—MM/DD/YYYY <b>09/03/1977</b>	
	4. AGE IN YEARS <b>23</b>	IF UNDER ONE YEAR: MONTHS: _____ DAYS: _____ IF UNDER 24 HOURS: HOURS: _____ MINUTES: _____		
	5. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>	6. HISPANIC (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7. RACE—Up to 3 Races/Ethnicities May Be Listed <b>Caucasian</b>	8. SEX <b>Male</b>
	9. MILITARY SERVICE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/>	10. SOCIAL SECURITY NUMBER <b>123-45-6789</b>	11. EDUCATION—YEARS COMPLETED <b>Some college</b>	12. MARITAL/STATE REGISTERED DOMESTIC PARTNERSHIP STATUS <b>Married</b>
	13A. USUAL OCCUPATION <b>Student</b>	13B. USUAL KIND OF BUSINESS/INDUSTRY	13C. USUAL EMPLOYER	13D. YEARS IN OCCUPATION
	14A. NAME OF SURVIVING SPOUSE/STATE REGISTERED DOMESTIC PARTNER—FIRST	14B. MIDDLE	14C. LAST (BIRTH)	
	15A. NAME OF FATHER/PARENT—FIRST <b>John</b>	15B. MIDDLE <b>Michael</b>	15C. LAST (BIRTH) <b>Smith</b>	16. STATE/FOREIGN COUNTRY OF BIRTH <b>CA</b>
	17A. NAME OF MOTHER/PARENT—FIRST <b>Mary</b>	17B. MIDDLE <b>Jane</b>	17C. LAST (BIRTH) <b>Jones</b>	18. STATE/FOREIGN COUNTRY OF BIRTH <b>CA</b>
	USUAL RESIDENCE	19A. RESIDENCE—STREET AND NUMBER, OR LOCATION <b>1234 Main Street</b>	19B. CITY <b>Sacramento</b>	19C. STATE/FOREIGN COUNTRY <b>CA</b>
	19E. COUNTY <b>Sacramento</b>	19F. NUMBER OF YEARS IN THIS COUNTY <b>23</b>	19D. ZIP CODE <b>95817</b>	
PLACE OF DEATH	21A. PLACE OF DEATH <b>Unknown</b>	21B. COUNTY <b>Sacramento</b>	20. NAME, RELATIONSHIP, MAILING ADDRESS, AND ZIP CODE OF INFORMANT <b>Mary Jane Smith (Mother) 1234 Main Street Sacramento, CA 95817</b>	
	21C. ADDRESS—STREET AND NUMBER, OR LOCATION	21D. CITY		
	21E. IF HOSPITAL, SPECIFY <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	21F. IF OTHER THAN HOSPITAL, SPECIFY <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME/LTC <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)  IMMEDIATE CAUSE (A) <b>Unknown</b>  DUE TO (B) <b>Missing Person</b>  DUE TO (C)		23. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
	24. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25A. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	25B. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. IF FEMALE, PREGNANT IN YEAR PRIOR TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INJURY INFORMATION	26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 22	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 26? IF YES, LIST TYPE OF OPERATION AND DATE	28. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>Presumed Drowned in American River</b>	

**This form is used to create the court order delayed certificate of death. Enter as much information as known. If unknown, please enter UNK.**

Note: Only the following five (5) sections are required:

- Decedent personal data
- Usual residence
- Place of death
- Cause of death
- Injury information

*End of Death – Form Guidelines section.*

## Fetal Death – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 105 - *Order Establishing Fact of Fetal Death* and *Court Order Delayed Registration of Fetal Death* form.

### Page 1 – Order Establishing Fact of Fetal Death

#### Court Information

ORDER ESTABLISHING FACT OF FETAL DEATH	
In the Superior Court of the State of California	
In and for the County of <b>(enter county where court is located)</b>	
In the matter of the petition of <b>(Enter name of petitioner)</b>	Number <b>(This is assigned at the court)</b>
To establish the fact of fetal death of <b>(Enter name of person whose fetal death is being registered)</b>	Department <b>(This is assigned at the court)</b>

All court information must be entered in this section.

Note: The court assigns some information, including the department and court order number.

#### Petition Information

The verified petition of General Hospital to establish the fact of fetal death of John James having been filed herein on the 9th day of July, A.D., 20 07, and such petition having by an order of court been duly set for hearing on the 1st day of August, A.D., 20 07, at the hour of 9 o'clock a. m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said General Hospital

Petition information must include the following:

- Name of the petitioner
- Name of the decedent (person whose fetal death is being established)
- Date the order was filed
- Hearing date

#### Fetal Death Information

of record the fact of the fetal death of said John James, in that the child's fetal death was not registered because of a change in hospital personnel; and it appearing that on the 3rd day of June, A.D., 20 05, the fetal death of John James occurred at Sacramento, in the County of Sacramento, State of California; that said fetal death has not been registered in conformity with the provisions of

Enter fetal death information in this section, including:

- The name of the decedent (person whose fetal death is being established)
- A brief reason why the fetal death is being registered through the court
- The date and place of fetal death



## Fetal Death – Form Guidelines (Continued)

### Court Order Information

It is therefore ordered, adjudged, and decreed that on the <u>3rd</u> day of <u>June</u> , A.D., 20 <u>05</u> , the fetal death of <u>John James</u> occurred at <u>Sacramento</u> , County of <u>Sacramento</u> , State of <u>California</u>
--

This is a summary of the petition, usually entered once the court grants the petition. Note: You may be required to fill this out by the court.

### Page 2 - Court Order Delayed Registration of Fetal Death

COURT ORDER DELAYED REGISTRATION OF FETAL DEATH STATE OF CALIFORNIA							
LEAVE BLANK STATE FILE NUMBER			NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS		LEAVE BLANK LOCAL REGISTRATION NUMBER		
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL FETAL DEATH RECORD							
THIS FETUS	1A. NAME—FIRST	1B. MIDDLE	1C. LAST				
	John	--	James				
PLACE OF EVENT	2. SEX	3A. THIS FETUS SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS FETUS 1ST, 2ND, ETC.	4A. DATE OF EVENT—MM/DD/CCYY	4B. HOUR—24 HOUR CLOCK TIME		
	Male	Single	--	06/03/2000	1830		
FATHER/PARENT	5A. PLACE OF EVENT—NAME OF HOSPITAL OR FACILITY			5B. ADDRESS—STREET AND NUMBER, OR LOCATION			
	General Hospital			7275 Main Street			
MOTHER/PARENT	5C. CITY			5D. COUNTY			
	Sacramento			Sacramento			
FATHER/PARENT	6A. NAME OF FATHER/PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)		7. BIRTH STATE/ FOREIGN COUNTRY	8. DATE OF BIRTH— MM/DD/CCYY	
	Robert	--	James		CA	02/07/1980	
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT—FIRST	9B. MIDDLE	9C. LAST (BIRTH)		10. BIRTH STATE/ FOREIGN COUNTRY	11. DATE OF BIRTH— MM/DD/CCYY	
	Judith	Marie	Jones		CA	08/24/1981	

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY		
CAUSE OF FETAL DEATH	17. FETAL DEATH WAS CAUSED BY:	18. WAS DEATH REPORTED TO CORONER?
	IMMEDIATE CAUSE (A) <u>Extreme Prematurity</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
	DUE TO (B)	19A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C)	19B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
20. OTHER SIGNIFICANT CONDITIONS OF FETUS OR BIRTH MOTHER CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 17.		
GENETIC FATHER	21. HISPANIC, LATINO, OR SPANISH? (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. RACE—Up to 3 Races/Ethnicities May Be Listed Caucasian, Japanese, Korean
GENETIC MOTHER	24. HISPANIC, LATINA, OR SPANISH? (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25. RACE—Up to 3 Races/Ethnicities May Be Listed Caucasian, Black
		23. EDUCATION—Highest Level/Degree 14
		26. EDUCATION—Highest Level/Degree 14

This form is used to create the court order delayed certificate of fetal death. Enter as much information as known. If unknown, please enter UNK.

Note: Only the following five (5) sections are required:

- This Fetus
- Place of Event
- Father/Parent
- Mother/Parent
- Confidential Information for Public Health Use Only

*End of Fetal Death – Form Guidelines section.*



## Marriage – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 122 - *Order Establishing Fact of Marriage and Court Order Delayed Registration of Marriage* form.

### Page 1 – Order Establishing Fact of Marriage

#### Court Information

<b>ORDER ESTABLISHING FACT OF MARRIAGE</b>	
In the Superior Court of the State of California	
In and for the County of <u>(enter county where court is located)</u>	
In the matter of the petition of <u>(Enter name of petitioner)</u>	} Number <u>(This is assigned at the court)</u>
To establish the fact of marriage of <u>(Enter name of first spouse)</u> and <u>(Enter name of second spouse)</u>	
	Department <u>(This is assigned at the court)</u>

**All court information must be entered in this section.**

Note: The court assigns some information, including the department and court order number.

#### Petition Information

The verified petition of <u>Mary Jane Smith</u> to establish the fact of marriage of <u>John Michael Smith and Mary Jane Smith</u> having been filed herein on the <u>1st</u> day of <u>May</u> , A.D., 20 <u>09</u> , and such petition having by an order of court been duly set for hearing on the <u>2nd</u> day of <u>May</u> , A.D., 20 <u>09</u> , at the hour of <u>9</u> o'clock <u>a.</u> m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said <u>Mary Jane Smith</u>
--

**Petition information must include the following:**

- Name of the petitioner
- Names of persons whose marriage is being established
- Date the order was filed
- Hearing date

#### Marriage Information

petitioner herein, is beneficially interested in establishing of record the fact of the marriage of said <u>John Michael Smith and Mary Jane Smith</u> in that <u>there is no marriage record on file</u>  and it appearing that on the <u>15th</u> day of <u>June</u> , A.D., 20 <u>06</u> , the marriage, each to each other, of <u>John Michael Smith</u> and <u>Mary Jane Smith</u> occurred, and was solemnized at <u>Sacramento</u> , in the County of <u>Sacramento</u> State or Country of <u>California</u> ; that said marriage has not been registered in conformity with
---

**Enter marriage information in this section, including:**

- The names of the persons whose marriage is being established
- A brief reason why the marriage is being registered through the court
- The date and place of marriage

## Marriage – Form Guidelines (Continued)

### Court Order Information

It is therefore ordered, adjudged, and decreed that on the 15th day of June, A.D., 2006, the marriage, each to each other, of John Michael Smith and Mary Jane Smith occurred at Sacramento, County of Sacramento, State or Country of California

**This is a summary of the petition, usually entered once the court grants the petition. Note: You may be required to fill this out by the court.**

### Page 2 - Court Order Delayed Registration of Marriage

COURT ORDER DELAYED CERTIFICATE OF MARRIAGE STATE OF CALIFORNIA						
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS						
STATE FILE NUMBER _____			LOCAL REGISTRATION NUMBER _____			
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL MARRIAGE RECORD						
<input type="checkbox"/> Groom <input type="checkbox"/> Bride <b>FIRST PERSON DATA</b>	1A. FIRST NAME John		1B. MIDDLE Michael			
	1C. CURRENT LAST Smith		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) ---			
	2. DATE OF BIRTH (MMDDCCYY) 07/04/1980	3. STATE/COUNTRY OF BIRTH CA	4. # PREV. MARRIAGES/SRDP 0	5A. LAST MARRIAGE/SRDP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SRDP <input type="checkbox"/> N/A		5B. DATE ENDED (MMDDCCYY) ---
	6. ADDRESS 1234 Main Street		7. CITY Sacramento	8. STATE / COUNTRY CA/USA	9. ZIP CODE 95817	
	10A. MAILING ADDRESS (IF DIFFERENT) ---		10B. CITY ---	10C. STATE ---	10D. ZIP CODE ---	
	11A. FULL BIRTH NAME OF FATHER/PARENT James Mark Smith			11B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA		
	12A. FULL BIRTH NAME OF MOTHER/PARENT Judith Jane Jones			12B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA		
	<input type="checkbox"/> Groom <input type="checkbox"/> Bride <b>SECOND PERSON DATA</b>	13A. FIRST NAME Mary		13B. MIDDLE Jane		
		13C. CURRENT LAST Brown		13D. LAST NAME AT BIRTH (IF DIFFERENT THAN 13C) ---		
		14. DATE OF BIRTH (MMDDCCYY) 03/19/1981	15. STATE/COUNTRY OF BIRTH CA	16. # PREV. MARRIAGES/SRDP 0	17A. LAST MARRIAGE/SRDP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SRDP <input type="checkbox"/> N/A	
18. ADDRESS 1234 Main Street		19. CITY Sacramento	20. STATE / COUNTRY CA/USA	21. ZIP CODE 95817		
22A. MAILING ADDRESS (IF DIFFERENT) ---		22B. CITY ---	22C. STATE ---	22D. ZIP CODE ---		
23A. FULL BIRTH NAME OF FATHER/PARENT William Charles Brown			23B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA			
24A. FULL BIRTH NAME OF MOTHER/PARENT Martha Marie Miller			24B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA			
25. DATE OF MARRIAGE—MMDDCCYY 06/15/2006		26. CITY/TOWN OF MARRIAGE Sacramento		27. COUNTY OF MARRIAGE Sacramento		
<b>NEW NAMES (IF ANY)</b>		28A. FIRST - MUST BE SAME AS 1A		28B. MIDDLE		28C. LAST
		29A. FIRST - MUST BE SAME AS 13A		29B. MIDDLE		29C. LAST

**This form is used to create the court order delayed certificate of marriage. Enter as much information as known. If unknown, please enter UNK.**

Note: Only the following four (4) sections are required:

- First Person Data
- Second Person Data
- Facts of Marriage
- New Names (if any) *End of Marriage – Form Guidelines section.*

### Certified Copy of the Order

**A certified copy of the order establishing the fact of birth, death, fetal death, or marriage is required, as this certifies the order submitted is a true copy of what the court has on file.**

A “certified” copy of the order is a photocopy of the original order dated and signed by the judge, which contains a(n):

- Original court seal on the front or back of the certified copy and not on a blank sheet of paper.
- Signature or signature stamp of the judge’s signature.
- Signature or signature stamp of the court clerk’s signature.

---

### Name and Mailing Address of Applicant

**Please submit a cover sheet that identifies the name and mailing address of the person who should receive the certified copy of the registered certificate.**

---

### Appropriate Fee(s)

**There is a twenty-six dollar (\$26) registration fee, which includes one (1) certified copy of the court order delayed certificate.**

- Each additional certified copy requires the following fee:
  - **Births**, each additional copy is twenty-nine dollars (\$29)
  - **Deaths**, each additional copy is twenty-four dollars (\$24)
  - **Fetal Deaths**, each additional copy is twenty-one dollars (\$21)
  - **Marriages**, each additional copy is seventeen dollars (\$17)
- Checks or Money Orders must be made payable to *CDPH Vital Records*.
- International money orders for out-of-country requests must be payable in U.S. dollars.

## Notarized Sworn Statement

An authorized person must submit a notarized [sworn statement](#) to receive a certified authorized copy of the amended certificate. Please see list of authorized persons below:

- ✓ Registrant (Name on Certificate)
- ✓ Grandparent/Grandchild of Registrant
- ✓ Authorized by Court Order (Include copy of court order.)
- ✓ Law Enforcement/Govt. Agency (Conducting Official Business)
- ✓ Power of attorney/Executor of the registrant's Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor.)
- ✓ Child/Sibling of Registrant
- ✓ Spouse/Registered Domestic Partner of Registrant
- ✓ Attorney Representing Registrant or Registrant's Estate
- ✓ Parent/Legal Guardian of Registrant (Legal guardian must provide documentation.)
- ✓ *For births only:* Attorney/Licensed Adoption Agency (Under CA Family Code Section 3140 or 7603)
- ✓ *For deaths only:* Individuals specified in HSC Section 7100 (a)(1)-(a)(8)

### The notarized sworn statement must:

- Include a penalty of perjury statement
- Identify the applicant's relationship to the registrant (person whose birth certificate is being registered)
- Be signed in the presence of a notary public
- Contain the notary's official seal. (*NOTE: A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained at a United States Embassy or Consulate do not require an apostille.*)

Please see a sample of a sworn statement below. (The notary completes the Certificate of Acknowledgment section after the applicant's signature is witnessed.)

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
<small>(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)</small>	
Subscribed to this _____ day of _____, 20____, at _____ (City) _____ (State).	
(Day) (Month)	
_____ (Applicant's Signature)	
-----	
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.	

### Frequently Asked Questions

#### Q: Where can I find application forms?

A: Application forms, including the court order delayed forms, are located on the CDPH-VR [Vital Records, Data and Statistics Forms](https://www.cdph.ca.gov/Programs/PSB/Pages/BirthDeathMarriageCertificates.aspx) webpage.

(<https://www.cdph.ca.gov/Programs/PSB/Pages/BirthDeathMarriageCertificates.aspx>)

#### Q: Where can I find informational pamphlets?

A: Informational pamphlets for all amendment types are located on the CDPH-VR [Vital Record Pamphlets](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Record-Pamphlets.aspx) webpage.

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Record-Pamphlets.aspx>)

#### Q: How do I obtain a court order?

A: CDPH-VR staff cannot provide legal advice, nor does CDPH-VR have information about the legal process. You may find helpful court process information by visiting the [court website](http://www.courts.ca.gov/).

(<http://www.courts.ca.gov/>)

#### Q: Who can petition to establish the court order delayed certificate?

A: Any beneficially interested person may petition the superior court in any of the following:

- The county in which the birth, death, or marriage is alleged to have occurred.
- The county of residence of the person whose birth or marriage it is sought to establish.
- The county in which the person was domiciled at the date of death.

#### Q: What is the current processing time?

A: Current processing times are listed on the CDPH-VR [website](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx).

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>)

#### Q: Will my supporting documents be returned?

A: Supporting documents, including certified copies of court orders, will not be returned.

Please keep copies of all documents submitted.

#### Q: What if I still have questions?

A: Please contact the CDPH-VR Customer Service Unit by email at [AmendVR@cdph.ca.gov](mailto:AmendVR@cdph.ca.gov) or telephone at (916) 445-2684.



## SWORN STATEMENT INSTRUCTIONS

- Only one sworn statement is required for multiple records.
- Sworn statements are not required for informational copy requests.
- Authorized individuals must complete the top portion of the sworn statement by signing and identifying their relationship to person listed on certificate.
- Sworn statements must be notarized for authorized copy requests. **Law enforcement, governmental agencies, and funeral establishments (death records only) are exempt from the notary requirement, but must complete the top portion of the sworn statement page.**
- A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.

## RELATIONSHIP TO REGISTRANT

### List of Authorized Persons:

- The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or 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.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.
- Any agent or employee of a funeral establishment who acts within the course and scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8).
- Surviving next of kin (As specified in HSC § 7100).



**SWORN STATEMENT**

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

State of California, 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):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

*(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)

**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)

