

AFFIDAVIT OF YOUTH IN FOSTER CARE 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 youth in foster care on behalf of themselves or by any person lawfully entitled to request a certified record of live birth on behalf of a youth in foster care.
- A “youth in foster care” is an individual who is provided “foster care” as defined in subdivision (f) of Section 11400 of the Welfare and Institutions Code: the 24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting.
- A county welfare agency with relevant knowledge of a youth’s foster care status must provide verification through completion of the affidavit.
- The affidavit will not be considered complete unless signed by both a county welfare agency and the person making the request for the birth record.

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PLEASE READ THE INFORMATION SECTION BEFORE COMPLETING THIS AFFIDAVIT

Pursuant to **Health and Safety Code Section 103578**, 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 youth in foster care. 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 youth in foster care;

OR,

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

following youth in foster care _____,
Printed Name of Youth in Foster Care

Signature of Requestor _____ **Date** _____

To be completed by a "county welfare agency"

Entity Name of County Welfare Agency Furnishing Verification of Youth in Foster Care Status:

Address: _____

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

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

that on the date listed below in this section, _____,
Printed Name of Youth in Foster Care

is a youth in foster care.

Signature of County Agent _____ **Date** _____