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 <u>both</u> 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, Printed Name of Requestor	swear or affirm, to the best of my knowledge and belief,
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
Printed Name of Youth in Foster Care	
Signature of Requestor	Date
SECTION II.	
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:
l,	_ swear or affirm, to the best of my knowledge and belief
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

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