**AFFIDAVIT OF YOUTH IN FOSTER CARE STATUS FOR FEE EXEMPT CERTIFIED COPY OF BIRTH CERTIFICATE**

<table>
<thead>
<tr>
<th>INFORMATION</th>
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<tbody>
<tr>
<td>• 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.</td>
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<td>• Each eligible person may only receive one fee exempt birth record, per application.</td>
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<td>• Requests for fee exempt copies are still subject to other requirements outlined in the application for obtaining copies of birth records.</td>
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<tr>
<td>• 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.</td>
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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 ____________________

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: ________________________________

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 ____________________