



## Out of Hospital Birth Checklist

**STEP 1:** Email [OHB@ochca.com](mailto:OHB@ochca.com) or fax (714-480-6656) required paperwork (listed below) to our office. Include this checklist with your documents. After the paperwork is received, you will be notified within 48 hours to schedule an appointment.

### Checklist of Required Documents:

- Out of Hospital Worksheet** - 3 pages which are included in the *How to Register an Out of Hospital Birth* pamphlet. If baby was born with a licensed midwife or physician, the last page of the affidavit must have the original signature of the person who attended the birth.
- Proof of Pregnancy** – Must be on the doctor’s or midwife’s letterhead. The letter must confirm pregnancy and have original signature and license number. **Note:** If a midwife or doctor signed the Affidavit this item is not required.
- Proof of PKU Test/California Newborn Screening**  
\_\_\_\_\_ Initial here if the California Newborn Screening was refused
- Proof that Birth Occurred in Orange County, California** – If the birth occurred at the mother’s residence, proof of residency is required. Please provide a rental agreement or utility bill (electric, gas, or water, cable bill) for the period when the birth occurred. **Note:** If the birth affidavit was signed by a licensed midwife, proof of residency is not required.
- Proof of Mother’s Identity** – Valid driver’s license, ID card, U.S. Passport or Consulate Card.  
**Note:** If a physician or licensed midwife did not attend the birth, and a witness did attend, the witness should accompany you to the appointment. The witness must also present a valid driver’s license, ID card, U.S. Passport or Consulate Card.
- Check List** – Include this document with name, phone and email completed at the end checklist.

**STEP 2:** On appointment day, bring the following to your appointment:

- All original documents (listed above)** - We will not be able to register the birth certificate for your child if the paperwork is not complete.
- Baby and Mother** –Proof of live birth is required to register your child’s birth. If mother and baby are not present, the appointment will not be conducted.
- Father** – If the parents are not married, the father’s name will not be listed on the birth certificate unless the father and the mother sign a voluntary “Declaration of Paternity” before the birth certificate is prepared at the time of registration. If parents are married, this step is not necessary. Reference: Health and Safety Code Section 103450
- Payment** – If you wish to purchase a birth certificate the day of your appointment, each certificate is \$28.

**OTHER INFORMATION:**

**Address:** 200 W. Santa Ana Blvd., Suite 100-B, Santa Ana, CA 92701

**Public Garage Parking:** The parking garage is located off of Sycamore St. Parking rates are \$1.00 per 15 minutes or \$4.00 per hour.

**Arrival time:** Please try to arrive 15 minutes early to your appointment. If you are more than 15 minutes late, you may be asked to reschedule your appointment due to time constraints. When you arrive, notify the cashier at the window that you have an appointment to register an out of hospital birth.

**Timeliness Registration of Births:** Each live birth that occurs in California shall be registered with the local registrar for the district in which the birth occurred within 10 days following the date of the birth. Birth certificates submitted for registration beyond the 10 day mandate may be accepted by the local registrar, but these certificates must be properly registered within one year of the date of birth. REFERENCE: Health and Safety Code Section 102400

**Registration after one year:** Certificates registered on or after the child’s first birthday must be processed by the California Department of Public Health - Vital Records as a Delayed Registration of Birth. REFERENCE: Health and Safety Code Section 102525. For more information, visit the CDPH website at: [www.cdph.ca.gov](http://www.cdph.ca.gov).

For additional questions, call Be Nguyen at **(714) 480-6707**.

**PLEASE COMPLETE PRIOR TO SENDING INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Public Health Services | Birth and Death Registration**  
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