

## AFFIDAVIT OF HOMELESS 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 homeless person, child or youth who can verify status as homeless.
- Requests may be made by a homeless person, child, or youth on behalf of themselves or by any person lawfully entitled to request a certified record of live birth on behalf of a homeless child or youth.
- A “homeless person” and a “homeless child or youth” have the same meaning as defined in 42 United States Code Section (U.S.C.) 11301 et seq.
- A “homeless services provider,” as defined by statute, who has knowledge of a person’s status as homeless, must provide verification through completion of the affidavit.
- The affidavit will not be considered complete unless signed by both the homeless services provider and the person making the request for the birth record.

A “homeless services provider” includes:

- 1) A governmental or nonprofit agency receiving federal, state, or county or municipal funding to provide services to a “homeless person” or “homeless child or youth,” or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization.
- 2) An attorney licensed to practice law in this state.
- 3) A local educational agency liaison for homeless children and youth designated as such pursuant to Section 11432(g)(1)(J)(ii) of Title 42 of the United States Code, or a school social worker.
- 4) A human services provider or public social services provider funded by the State of California to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services.
- 5) A law enforcement officer designated as a liaison to the homeless population by a local police department or sheriff’s department within the state.

# AFFIDAVIT OF HOMELESS STATUS FOR FEE EXEMPT CERTIFIED COPY OF BIRTH CERTIFICATE

PLEASE READ THE INFORMATION SECTION BEFORE COMPLETING THIS AFFIDAVIT

Pursuant to **Health and Safety Code Section 103577**, 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 homeless person or a homeless child or youth. 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 homeless person, or homeless child or youth;

**OR,**

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

following homeless child or youth \_\_\_\_\_,  
**Printed Name of Homeless Child or Youth**

who is homeless, as defined by 42 U.S.C. Section 11301 et. seq.

**Signature of Requestor** \_\_\_\_\_ **Date** \_\_\_\_\_

## SECTION II.

*To be completed by a "homeless services provider" (See authorized list on reverse side)*

**Entity Name of Homeless Services Provider Furnishing Verification of Homelessness:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

I, \_\_\_\_\_ swear or affirm, to the best of my knowledge and belief  
**Printed Name of Agent for Provider**

that on the date listed below in this section, \_\_\_\_\_  
**Printed Name of Homeless Person or Homeless Child or Youth**

is a homeless person or homeless child or youth, as defined by 42 U.S.C. Section 11301 et seq., and that I meet the requirements of a "homeless services provider" as defined within California Health and Safety Code Section 103577.

**Signature of Agent for Provider** \_\_\_\_\_ **Date** \_\_\_\_\_