



Court Order Delayed Certificates

Center for Health Statistics and Informatics – California Vital Records

Effective October 2020

Introduction

The court order delayed process is used to register certificates for events that are not registered, or when registered certificates are not available. A statewide search is recommended to confirm registration and/or availability of California certificates.

- Please visit the CDPH-VR website at www.cdph.ca.gov to request a statewide search.

	<ul style="list-style-type: none">• Please see page 13 for a list of frequently asked questions and answers.• <i>A court order may not be required.</i> Please review the How to Register an Out-of-Hospital Birth Pamphlet if requesting to register a birth certificate within the first year of the baby's birth, and the Delayed Registration of Birth Pamphlet if requesting to register a birth certificate one year or more from the date of birth.• If amending a birth, death, fetal death, or marriage certificate that is already registered, please visit the CDPH-VR website at www.cdph.ca.gov.
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What to Submit and Mailing Address

To register a court order delayed certificate, please submit the following:

- **Properly Completed Application Form** (See *Form Guidelines* beginning on [page 3](#).)
- **Certified Copy of the Order** (See requirements on top section of [page 11](#).)
- **Name and Mailing Address of Applicant** (See requirements in the middle of [page 11](#).)
- **Appropriate Fee(s)** (See requirements on bottom section of [page 11](#).)
- **Notarized Sworn Statement** (Only if requesting authorized copy. See [page 12](#).)

Mail your packet to the address below:

California Department of Public Health
Vital Records – Amendments – M.S. 5105
P.O. Box 997410
Sacramento, CA 95899-7410

	<ul style="list-style-type: none">• Registered court order delayed certificates are returned via standard mail and do not contain a tracking number.• You may provide a prepaid self-addressed envelope with your request for CDPH-VR to use and mail the registered certificate back to you. (Not Required)
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Court Order Delayed Certificate Checklist

To assist in the registration of your request, please submit the following:

Properly Completed Order Establishing Facts of Event Form

- Order Establishing Facts of Event contains the court case number.
- Name of the petitioner and the name of the person whose event is being established are identified in the Order.
- Date the order was filed and the hearing date are located on the Order.
- Facts of the event, including the date, place, and reason why the event is being registered via court order are entered on the Order.
- Summary of the petition is located on the bottom of the Order.
- Judge's signature is located on the bottom of the Order.

Completed Court Order Delayed Registration of Event Form

- The Court Order Delayed Registration of Event Form is completed with as much available information.

Certified Copy of Order Establishing the Facts of the Event

- I have enclosed a certified copy of the Order Establishing the Facts of the Event.
Note: The Order contains an original court seal, not a photocopy.

Payment for Registration

There is a twenty-three dollar (\$23) registration fee, which includes one (1) certified copy of the court order delayed certificate.

- I have enclosed a check/money order (*payable to CDPH Vital Records*) for twenty-three dollars (\$23) for the registration of the certificate.

Payment for Additional Copies of Certificate

- Birth** - I have enclosed a check or money order for twenty-five dollars (\$25) per additional copy requested.
- Death** - I have enclosed a check or money order for twenty-one dollars (\$21) per additional copy requested.
- Fetal Death** - I have enclosed a check or money order for eighteen dollars (\$18) per additional copy requested.
- Marriage** - I have enclosed a check or money order for fifteen dollars (\$15) per additional copy requested.

Notarized Sworn Statement

I have requested copies of the court order delayed certificate and would like the copies to be certified authorized copies.

- I have enclosed a notarized sworn statement.

Registering Court Order Delayed Certificates

Form Guidelines

Please review the applicable court order delayed registration form guidelines:

- For **birth** registrations, review page 3 (below) and page 4
- For **death** registrations, review pages 5 and 6
- For **fetal death** registrations, review pages 7 and 8
- For **marriage** registrations, review pages 9 and 10

Birth – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 108 - *Order Establishing Fact of Birth and Court Order Delayed Registration of Birth* form.

Page 1 – Order Establishing Fact of Birth

Court Information

ORDER ESTABLISHING FACT OF BIRTH	
In the Superior Court of the State of California	
In and for the County of <u>(enter county where court is located)</u>	
In the matter of the petition of <u>(Enter name of petitioner)</u>	Number <u>(This is assigned at the court)</u>
To establish the fact of birth of <u>(Enter name of person whose birth is being established)</u>	Department <u>(This is assigned at the court)</u>

All court information must be entered in this section.

Note: The court assigns some information, including the department and court order number.

Petition Information

The verified petition of <u>Mary Jane Smith</u> to establish the fact of the birth of <u>Michael James Smith</u> having been filed herein on the <u>4th</u> day of <u>August</u> , A.D., 20 <u>15</u> , and such petition having by an order of court been duly set for hearing on the <u>22nd</u> day of <u>August</u> , A.D., 20 <u>15</u> , at the hour of <u>10</u> o'clock <u>a.</u> m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said <u>Mary Jane Smith</u> , petitioner herein, is
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Petition information must include the following:

- Name of the petitioner
- Name of the person whose birth is being established
- Date the order was filed
- Hearing date

Registering Court Order Delayed Certificates

Birth – Form Guidelines (Continued)

Birth Information

beneficially interested in establishing of record the fact of the birth of said Michael James Smith, in that Michael James Smith was born at home and we did not register his birth

and it appearing that on the 3rd day of May, A.D., 2005, a male child was born to John Michael Smith parent and Mary Jane Smith parent; that the name of said child is Michael James Smith (First) (Middle) (Last)

Enter birth information in this section, including:

- The name of the person whose birth is being established
- A brief reason why the birth is being registered through the court
- The date of birth and sex marker (gender) for the person
- The parent(s) name(s)

Court Order Information

It is therefore ordered, adjudged, and decreed that on the 3rd day of May, A.D., 2005, a male child of the name of Michael James Smith was born to John Michael Smith parent, and Mary Jane Smith parent, at Sacramento, County of Sacramento, State of California

This is a summary of the petition usually entered once the court grants the petition. Note: You may be required to fill this out by the court.

Page 2 - Court Order Delayed Registration of Birth

COURT ORDER DELAYED REGISTRATION OF BIRTH STATE OF CALIFORNIA				
LEAVE BLANK STATE FILE NUMBER		NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS		LEAVE BLANK LOCAL REGISTRATION NUMBER
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL BIRTH RECORD				
FACTS OF BIRTH	1A. NAME—FIRST <u>Michael</u>	1B. MIDDLE <u>James</u>	1C. LAST <u>Smith</u>	
	2. SEX <u>Male</u>	3A. THIS BIRTH SINGLE, TWIN, ETC. <u>Single</u>	3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC. <u>—</u>	4. DATE OF BIRTH—MM/DD/CCYY <u>05/03/2005</u>
PARENT	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY <u>1234 Main Street (At Home)</u>	5B. CITY OR TOWN <u>Sacramento</u>	5C. COUNTY OR COUNTRY <u>Sacramento</u>	
	6A. NAME OF PARENT—FIRST <u>John</u>	6B. MIDDLE <u>Michael</u>	6C. LAST (BIRTH) <u>Smith</u>	6D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
PARENT	7. STATE/FOREIGN COUNTRY OF BIRTH <u>California</u>	8. DATE OF BIRTH—MM/DD/CCYY <u>07/04/1980</u>		
	9A. NAME OF PARENT—FIRST <u>Mary</u>	9B. MIDDLE <u>Jane</u>	9C. LAST (BIRTH) <u>Jones</u>	9D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
10. STATE/FOREIGN COUNTRY OF BIRTH <u>California</u>		11. DATE OF BIRTH—MM/DD/CCYY <u>03/19/1981</u>		

This form is used to create the court ordered delayed certificate of birth. Enter as much information as known. If unknown, please enter UNK.

Note: Only the following two (2) sections are required:

- Facts of Birth
- Parent(s) section

End of Birth – Form Guidelines section.

Registering Court Order Delayed Certificates

Death – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 109 - *Order Establishing Fact of Death* and *Court Order Delayed Registration of Death* form.

Page 1 – Order Establishing Fact of Death

Court Information

ORDER ESTABLISHING FACT OF DEATH	
In the Superior Court of the State of California	
In and for the County of <u>(enter county where court is located)</u>	
In the matter of the petition of <u>(Enter name of petitioner)</u>	Number <u>(This is assigned at the court)</u>
To establish the fact of death of <u>(Enter name of person whose death is being registered)</u>	Department <u>(This is assigned at the court)</u>

All court information must be entered in this section.

Note: The court assigns some information, including the department and court order number.

Petition Information

The verified petition of <u>Mary Jane Smith</u> to establish the fact of the death of <u>Michael James Smith</u> having been filed herein on the <u>4th</u> day of <u>August</u> , A.D., 20 <u>15</u> , and such petition having by an order of court been duly set for hearing on the <u>22nd</u> day of <u>August</u> , A.D., 20 <u>15</u> , at the hour of <u>10</u> o'clock <u>a.</u> m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said <u>Mary J. Smith</u> , petitioner herein, is beneficially

Petition information must include the following:

- Name of the petitioner
- Name of the decedent (person whose death is being established)
- Date the order was filed
- Hearing date

Death Information

interested in establishing of record the fact of the death of said <u>Michael James Smith</u> in that <u>Michael James Smith went fishing by himself on June 2, 2000, and has not been seen or heard from since that day</u> _____; and it appearing that on the <u>2nd</u> day of <u>June</u> , A.D., 20 <u>00</u> , the death of <u>Michael James Smith</u> occurred at <u>Sacramento</u> , in the County of <u>Sacramento</u> , State of <u>California</u> ; that said death has not been registered in conformity with the provisions of law in

Enter death information in this section, including:

- The name of the decedent (person whose death is being established)
- A brief reason why the death is being registered through the court
- The date and place of death

Registering Court Order Delayed Certificates

Death – Form Guidelines (Continued)

Court Order Information

It is therefore ordered, adjudged, and decreed that on the 3rd day of May, A.D.,
20_05, the death of Michael James Smith
 occurred at Sacramento, County of Sacramento
 State of California

This is a summary of the petition, usually entered once court grants the petition. Note: You may be required to fill this out by the court.

Page 2 - Court Order Delayed Registration of Death

COURT ORDER DELAYED REGISTRATION OF DEATH STATE OF CALIFORNIA									
LEAVE BLANK STATE FILE NUMBER			NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS				LEAVE BLANK LOCAL REGISTRATION NUMBER		
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL DEATH RECORD									
1A. NAME—FIRST Michael			1B. MIDDLE James			1C. LAST Smith			
2A. DATE OF DEATH—MM/DD/YYYY 06/02/2000			2B. HOUR	3. DATE OF BIRTH—MM/DD/YYYY 09/03/1977		4. AGE IN YEARS 23	5. UNDER ONE YEAR MONTHS : DAYS : HOURS : MINUTES		6. UNDER 14 YEARS
3. BIRTH STATE/FOREIGN COUNTRY CA			5. HISPANIC (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			7. RACE—Use 2 Digits/Extension May Be Used Caucasian		8. SEX Male	
9. MILITARY SERVICE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			10. SOCIAL SECURITY NUMBER 123-45-6789		11. EDUCATIONAL YEARS COMPLETED Some college		12. MARITAL/STATE REGISTERED DOMESTIC PARTNERSHIP STATUS New Married		
13A. USUAL OCCUPATION Student			13B. USUAL KIND OF BUSINESS/INDUSTRY		13C. USUAL EMPLOYER		13D. YEARS IN OCCUPATION		
14A. NAME OF SURVIVING SPOUSE/STATE REGISTERED DOMESTIC PARTNER—FIRST			14B. MIDDLE			14C. LAST (BIRTH)			
15A. NAME OF FATHER/PARENT—FIRST John			15B. MIDDLE Michael		15C. LAST (BIRTH) Smith		15D. STATE/FOREIGN COUNTRY OF BIRTH CA		
17A. NAME OF MOTHER/PARENT—FIRST Mary			17B. MIDDLE Jane		17C. LAST (BIRTH) Jones		17D. STATE/FOREIGN COUNTRY OF BIRTH CA		
15A. RESIDENCE—STREET AND NUMBER, OR LOCATION 1234 Main Street			15B. CITY Sacramento			15C. STATE/FOREIGN COUNTRY CA		15D. ZIP CODE 95817	
15E. COUNTY Sacramento			15F. NUMBER OF YEARS IN THIS COUNTY 23			16. NAME, RELATIONSHIP, MAILING ADDRESS, AND ZIP CODE OF INFORMANT Mary Jane Smith (Mother) 1234 Main Street Sacramento, CA 95817			
21A. PLACE OF DEATH Unknown			21B. COUNTY Sacramento			23. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
21C. ADDRESS—STREET AND NUMBER, OR LOCATION			21D. CITY						
21E. IF HOSPITAL, SPECIFY <input type="checkbox"/> IP <input type="checkbox"/> BR/OP <input type="checkbox"/> DOA <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME/LTC <input type="checkbox"/> HOME <input type="checkbox"/> OTHER			21F. IF OTHER THAN HOSPITAL, SPECIFY						
22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Unknown						24. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25A. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Missing Person						25B. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. IF FEMALE, PREGNANT IN YEAR PRIOR TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 26? IF YES, LIST TYPE OF OPERATION AND DATE		28. IF FEMALE, PREGNANT IN YEAR PRIOR TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 22						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 26? IF YES, LIST TYPE OF OPERATION AND DATE		28. IF FEMALE, PREGNANT IN YEAR PRIOR TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
29. LOCATION—STREET AND NUMBER, OR LOCATION, AND CITY			30. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Presumed Drowned in American River						

This form is used to create the court order delayed certificate of death. Enter as much information as known. If unknown, please enter UNK.

Note: Only the following five (5) sections are required:

- Decedent personal data
- Usual residence
- Place of death
- Cause of death
- Injury information

End of Death – Form Guidelines section.

Registering Court Order Delayed Certificates

Fetal Death – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 105 - Order Establishing Fact of Fetal Death and Court Order Delayed Registration of Fetal Death form.

Page 1 – Order Establishing Fact of Fetal Death

Court Information

ORDER ESTABLISHING FACT OF FETAL DEATH	
In the Superior Court of the State of California	
In and for the County of (enter county where court is located)	
In the matter of the petition of (Enter name of petitioner)	Number (This is assigned at the court)
To establish the fact of fetal death of (Enter name of person whose fetal death is being registered)	Department (This is assigned at the court)

All court information must be entered in this section.

Note: The court assigns some information, including the department and court order number.

Petition Information

The verified petition of General Hospital to establish the fact of fetal death of John James having been filed herein on the 9th day of July, A.D., 20 07, and such petition having by an order of court been duly set for hearing on the 1st day of August, A.D., 20 07, at the hour of 9 o'clock a. m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said General Hospital

Petition information must include the following:

- Name of the petitioner
- Name of the decedent (person whose fetal death is being established)
- Date the order was filed
- Hearing date

Fetal Death Information

of record the fact of the fetal death of said John James in that the child's fetal death was not registered because of a change in hospital personnel; and it appearing that on the 3rd day of June, A.D., 20 05, the fetal death of John James occurred at Sacramento, in the County of Sacramento, State of California; that said fetal death has not been registered in conformity with the provisions of

Enter fetal death information in this section, including:

- The name of the decedent (person whose fetal death is being established)
- A brief reason why the fetal death is being registered through the court
- The date and place of fetal death

Registering Court Order Delayed Certificates

Fetal Death – Form Guidelines (Continued)

Court Order Information

It is therefore ordered, adjudged, and decreed that on the <u>3rd</u> day of <u>June</u> , A.D., 20 <u>05</u> , the fetal death of <u>John James</u> occurred at <u>Sacramento</u> , County of <u>Sacramento</u> State of <u>California</u>
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This is a summary of the petition, usually entered once the court grants the petition. Note: You may be required to fill this out by the court.

Page 2 - Court Order Delayed Registration of Fetal Death

COURT ORDER DELAYED REGISTRATION OF FETAL DEATH STATE OF CALIFORNIA					
LEAVE BLANK STATE FILE NUMBER		NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS		LEAVE BLANK LOCAL REGISTRATION NUMBER	
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL FETAL DEATH RECORD					
THIS FETUS	1A. NAME—FIRST	1B. MIDDLE	1C. LAST		
	John	--	James		
PLACE OF EVENT	2. SEX	3A. THIS FETUS SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS FETUS 1ST, 2ND, ETC.	4A. DATE OF EVENT—MM/DD/CCYY	4B. HOUR—24 HOUR CLOCK TIME
	Male	Single	--	06/03/2000	1830
FATHER/PARENT	5A. PLACE OF EVENT—NAME OF HOSPITAL OR FACILITY		5B. ADDRESS—STREET AND NUMBER, OR LOCATION		
	General Hospital		7275 Main Street		
	5C. CITY		5D. COUNTY		
MOTHER/PARENT	Sacramento		Sacramento		
	6A. NAME OF FATHER/PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)	7. BIRTH STATE/ FOREIGN COUNTRY	8. DATE OF BIRTH— MM/DD/CCYY
Robert	--	James	CA	02/07/1980	
9A. NAME OF MOTHER/PARENT—FIRST	9B. MIDDLE	9C. LAST (BIRTH)	10. BIRTH STATE/ FOREIGN COUNTRY	11. DATE OF BIRTH— MM/DD/CCYY	
Judith	Marie	Jones	CA	08/24/1981	

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY		
CAUSE OF FETAL DEATH	17. FETAL DEATH WAS CAUSED BY:	18. WAS DEATH REPORTED TO CORONER?
	IMMEDIATE CAUSE (A) <u>Extreme Prematurity</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
	DUE TO (B)	19A. WAS AUTOPSY PERFORMED?
	DUE TO (C)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENETIC FATHER	20. OTHER SIGNIFICANT CONDITIONS OF FETUS OR BIRTH MOTHER CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 17.	19B. WAS IT USED IN DETERMINING CAUSE OF DEATH?
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENETIC FATHER	21. HISPANIC, LATINO, OR SPANISH? (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. RACE—Up to 3 Races/Ethnicities May Be Listed Caucasian, Japanese, Korean
GENETIC MOTHER	24. HISPANIC, LATINA, OR SPANISH? (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25. RACE—Up to 3 Races/Ethnicities May Be Listed Caucasian, Black
		23. EDUCATION—Highest Level/Degree 14
		26. EDUCATION—Highest Level/Degree 14

This form is used to create the court order delayed certificate of fetal death.

Enter as much information as known. If unknown, please enter UNK.

Note: Only the following five (5) sections are required:

- This Fetus
- Place of Event
- Father/Parent
- Mother/Parent
- Confidential Information for Public Health Use Only

End of Fetal Death – Form Guidelines section.

Registering Court Order Delayed Certificates

Marriage – Form Guidelines

To prevent processing delays, please adhere to the following guidelines on how to complete the VS 122 - Order Establishing Fact of Marriage and Court Order Delayed Registration of Marriage form.

Page 1 – Order Establishing Fact of Marriage

Court Information

ORDER ESTABLISHING FACT OF MARRIAGE	
In the Superior Court of the State of California	
In and for the County of <u>(enter county where court is located)</u>	
In the matter of the petition of <u>(Enter name of petitioner)</u>	} Number <u>(This is assigned at the court)</u> Department <u>(This is assigned at the court)</u>
To establish the fact of marriage of <u>Enter name of first spouse</u> and <u>(Enter name of second spouse)</u>	

All court information must be entered in this section.

Note: The court assigns some information, including the department and court order number.

Petition Information

The verified petition of <u>Mary Jane Smith</u> to establish the fact of marriage of <u>John Michael Smith and Mary Jane Smith</u> having been filed herein on the <u>1st</u> day of <u>May</u> , A.D., 20 <u>09</u> , and such petition having by an order of court been duly set for hearing on the <u>2nd</u> day of <u>May</u> , A.D., 20 <u>09</u> , at the hour of <u>9</u> o'clock <u>a.</u> m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said <u>Mary Jane Smith</u>
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Petition information must include the following:

- Name of the petitioner
- Names of persons whose marriage is being established
- Date the order was filed
- Hearing date

Marriage Information

petitioner herein, is beneficially interested in establishing of record the fact of the marriage of said <u>John Michael Smith and Mary Jane Smith</u> in that <u>there is no marriage record on file</u> and it appearing that on the <u>15th</u> day of <u>June</u> , A.D., 20 <u>06</u> , the marriage, each to each other, of <u>John Michael Smith</u> and <u>Mary Jane Smith</u> occurred, and was solemnized at <u>Sacramento</u> in the County of <u>Sacramento</u> State or Country of <u>California</u> ; that said marriage has not been registered in conformity with

Enter marriage information in this section, including:

- The names of the persons whose marriage is being established
- A brief reason why the marriage is being registered through the court
- The date and place of marriage

Registering Court Order Delayed Certificates

Marriage – Form Guidelines (Continued)

Court Order Information

It is therefore ordered, adjudged, and decreed that on the 15th day of June, A.D., 2006, the marriage, each to each other, of John Michael Smith and Mary Jane Smith occurred at Sacramento, County of Sacramento, State or Country of California

This is a summary of the petition, usually entered once the court grants the petition. Note: You may be required to fill this out by the court.

Page 2 - Court Order Delayed Registration of Marriage

COURT ORDER DELAYED CERTIFICATE OF MARRIAGE STATE OF CALIFORNIA												
STATE FILE NUMBER					LOCAL REGISTRATION NUMBER							
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS												
TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL MARRIAGE RECORD												
FIRST PERSON DATA	1A. FIRST NAME John			1B. MIDDLE Michael			1C. CURRENT LAST Smith			1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) ---		
	2. DATE OF BIRTH (MM/DD/YYYY) 07/04/1980		3. STATE/COUNTRY OF BIRTH CA		4. # PREV. MARRIAGES/GRDP 0		5A. LAST MARRIAGE/GRDP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISAG <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM GRDP <input type="checkbox"/> NKA			5B. DATE ENDED (MM/DD/YYYY) ---		
	6. ADDRESS 1234 Main Street			7. CITY Sacramento			8. STATE / COUNTRY CA/USA		9. ZIP CODE 95817			
	10A. MAILING ADDRESS (IF DIFFERENT) ---			10B. CITY ---			10C. STATE ---		10D. ZIP CODE ---			
	11A. FULL BIRTH NAME OF FATHER/PARENT James Mark Smith						11B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA					
12A. FULL BIRTH NAME OF MOTHER/PARENT Judith Jane Jones						12B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA						
SECOND PERSON DATA	13A. FIRST NAME Mary			13B. MIDDLE Jane			13C. CURRENT LAST Brown			13D. LAST NAME AT BIRTH (IF DIFFERENT THAN 13C) ---		
	14. DATE OF BIRTH (MM/DD/YYYY) 03/19/1981		15. STATE/COUNTRY OF BIRTH CA		16. # PREV. MARRIAGES/GRDP 0		17A. LAST MARRIAGE/GRDP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISAG <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM GRDP <input type="checkbox"/> NKA			17B. DATE ENDED (MM/DD/YYYY) ---		
	18. ADDRESS 1234 Main Street			19. CITY Sacramento			20. STATE / COUNTRY CA/USA		21. ZIP CODE 95817			
	22A. MAILING ADDRESS (IF DIFFERENT) ---			22B. CITY ---			22C. STATE ---		22D. ZIP CODE ---			
	23A. FULL BIRTH NAME OF FATHER/PARENT William Charles Brown						23B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA					
24A. FULL BIRTH NAME OF MOTHER/PARENT Martha Marie Miller						24B. STATE OF BIRTH (IF OUTSIDE U.S., ENTER COUNTRY) CA						
15. DATE OF MARRIAGE—MM/DD/YYYY 06/15/2006				16. CITY/TOWN OF MARRIAGE Sacramento			17. COUNTY OF MARRIAGE Sacramento					
NEW NAMES (IF ANY)	NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A – 1D (IF ANY, FOR USE UPON SOLICITATION OF THE AMBRAGE IF DIFFERENT THAN 1B AND 1C) 12A. FIRST – MUST BE SAME AS 1A			12B. MIDDLE ---			12C. LAST ---					
	NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 13A – 13D (IF ANY, FOR USE UPON SOLICITATION OF THE AMBRAGE IF DIFFERENT THAN 13B AND 13C) 13A. FIRST – MUST BE SAME AS 13A			13B. MIDDLE ---			13C. LAST ---					
	Mary			Jane			Brown-Smith					

This form is used to create the court order delayed certificate of marriage.

Enter as much information as known. If unknown, please enter UNK.

Note: Only the following four (4) sections are required:

- First Person Data
- Second Person Data
- Facts of Marriage
- New Names (if any)

End of Marriage – Form Guidelines section.

Registering Court Order Delayed Certificates

Certified Copy of the Order

A certified copy of the order establishing the fact of birth, death, fetal death, or marriage is required, as this certifies the order submitted is a true copy of what the court has on file.

A “certified” copy of the order is a photocopy of the original order dated and signed by the judge, which contains a(n):

- Original court seal on the front or back of the certified copy and not on a blank sheet of paper.
- Signature or signature stamp of the judge’s signature.
- Signature or signature stamp of the court clerk’s signature.

Name and Mailing Address of Applicant

Please submit a cover sheet that identifies the name and mailing address of the person who should receive the certified copy of the registered certificate.

Appropriate Fee(s)

There is a twenty-three dollar (\$23) registration fee, which includes one (1) certified copy of the court order delayed certificate.

- Each additional certified copy requires the following fee:
 - **Births**, each additional copy is twenty-five dollars (\$25)
 - **Deaths**, each additional copy is twenty-one dollars (\$21)
 - **Fetal Deaths**, each additional copy is eighteen dollars (\$18)
 - **Marriages**, each additional copy is fifteen dollars (\$15)
- Checks or Money Orders must be made payable to *CDPH Vital Records*.
- International money orders for out-of-country requests must be payable in U.S. dollars.

Registering Court Order Delayed Certificates

Notarized Sworn Statement

An authorized person must submit a notarized sworn statement to receive a certified authorized copy of the amended certificate. Please see list of authorized persons below:

- ✓ Registrant (Name on Certificate)
- ✓ Grandparent/Grandchild of Registrant
- ✓ Authorized by Court Order (Include copy of court order.)
- ✓ Law Enforcement/Govt. Agency (Conducting Official Business)
- ✓ Power of attorney/Executor of the registrant's Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor.)
- ✓ Child/Sibling of Registrant
- ✓ Spouse/Registered Domestic Partner of Registrant
- ✓ Attorney Representing Registrant or Registrant's Estate
- ✓ Parent/Legal Guardian of Registrant (Legal guardian must provide documentation.)
- ✓ *For births only:* Attorney/Licensed Adoption Agency (Under CA Family Code Section 3140 or 7603)
- ✓ *For deaths only:* Individuals specified in HSC Section 7100 (a)(1)-(a)(8)

The notarized sworn statement must:

- Include a penalty of perjury statement
- Identify the applicant's relationship to the registrant (person whose birth certificate is being registered)
- Be signed in the presence of a notary public
- Contain the notary's official seal. (*NOTE: A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained at a United States Embassy or Consulate do not require an apostille.*)

Please see a sample of a sworn statement below. (The notary completes the Certificate of Acknowledgment section after the applicant's signature is witnessed.)

SWORN STATEMENT											
I, _____, declare under penalty of perjury under the laws of the State of California,											
<small>(Applicant's Printed Name)</small>											
that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):											
<table border="1"><thead><tr><th>Name of Person Listed on Certificate</th><th>Applicant's Relationship to Person Listed on Certificate</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate									
Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate										
<small>(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)</small>											
Subscribed to this _____ day of _____, 20____, at _____, _____.											
<small>(Day)</small>	<small>(Month)</small>										
<small>(City)</small>	<small>(State)</small>										
_____ <small>(Applicant's Signature)</small>											

CERTIFICATE OF ACKNOWLEDGMENT											
<small>A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate attests, and not the truthfulness, accuracy, or validity of the document.</small>											

Frequently Asked Questions

Q: Where can I find forms and pamphlets?

A: Please see links below.

- [VS 108 – Order Establishing Fact of Birth](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS108.pdf)
(<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS108.pdf>)
- [VS 109 – Order Establishing Fact of Death](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS109.pdf)
(<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS109.pdf>)
- [VS 122 – Order Establishing Fact of Marriage](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS122.pdf)
(<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS122.pdf>)
- [VS 105 – Order Establishing Fact of Fetal Death](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS105.pdf)
(<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VS105.pdf>)
- [Sworn Statement – Sworn statement webpage](https://www.cdph.ca.gov/Programs/CHSI/Pages/Sworn-Statement.aspx)
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Sworn-Statement.aspx>)
- [CDPH Vital Records Website – All other informational pamphlets and forms](https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx)
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx>)

Q: How do I obtain a court order?

A: CDPH-VR staff cannot provide legal advice, nor does CDPH-VR have information about the legal process. You may find helpful court process information by visiting the court website at www.courts.ca.gov.

Q: Who can petition to establish the court order delayed certificate?

A: Any beneficially interested person may petition the superior court in any of the following:

- The county in which the birth, death, or marriage is alleged to have occurred.
- The county of residence of the person whose birth or marriage it is sought to establish.
- The county in which the person was domiciled at the date of death.

Q: What is the current processing time?

A: Current processing times are listed on the [CDPH-VR website](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx).

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>)

Q: Will my supporting documents be returned?

A: Supporting documents, including certified copies of court orders, will not be returned.

Please keep copies of all documents submitted.

Q: What if I still have questions?

A: Please contact the CDPH-VR Customer Service Unit by email at AmendVR@cdph.ca.gov or telephone at (916) 445-2684.

SWORN STATEMENT INSTRUCTIONS

- Only one sworn statement is required for multiple records.
- Sworn statements are not required for informational copy requests.
- Authorized individuals must complete the top portion of the sworn statement by signing and identifying their relationship to person listed on certificate.
- Sworn statements must be notarized for authorized copy requests. **Law enforcement, governmental agencies, and funeral establishments (death records only) are exempt from the notary requirement, but must complete the top portion of the sworn statement page.**
- A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.

RELATIONSHIP TO REGISTRANT**List of Authorized Persons:**

- The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.
- Any agent or employee of a funeral establishment who acts within the course and scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8).
- Surviving next of kin (As specified in HSC § 7100).

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Applicant's Printed Name)

State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____, _____.
(Day) (Month) (City) (State)

(Applicant's Signature)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____ before me, _____, personally appeared _____
(Insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.
(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

