

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-21-1

TO: All CFSA Staff

FROM: Nina Jones
General Counsel

DATE: April 23, 2021

RE: **Requesting Vital Records**

The Child and Family Services Agency (CFSA) works collaboratively with many other District agencies to ensure that children and families receive the services they need in a timely and professional manner. CFSA also ensures that its procedures support and complement those of its District agency partners, including the DC Health Vital Records Division (DCVRD) of the District's Department of Health.

This administrative issuance outlines the process for CFSA and CFSA-contracted private agency social workers to request vital records such as birth and death certificates. *This administrative issuance supersedes the administrative issuance CFSA-12-8 Requesting Vital Records (June 21, 2012).* If you have any questions regarding this issuance, please contact CFSA's Office of the General Counsel (OGC).

Process for Requesting Vital Records

Vital records are requested for the purpose of a client's identification, service provision, or as ordered by the District's Family Court. Vital records are kept in the client's case file (unless needed for access to services, whereby they should be returned to the file once those services have been obtained).

1. All requests for vital records are reviewed and approved by CFSA's OGC. Prior to submitting a request to OGC, social workers and Office of the Attorney General (OAG) staff complete the follow tasks:
 - a. Verify that the birth or death occurred in DC from information from the client or in the case record.
 - Records for out-of-jurisdiction births or deaths must be requested through that jurisdiction's vital records office.
 - b. Confirm that a record is not already available in the case file.
 - c. Complete the attached *Application for Certified Vital Record Form*, indicating whether the request is for a birth or death certificate.
 - d. Obtain supervisory approval and signature.
 - e. Submit the completed form to OGC either in person or by email to CFSA.bcrequest@dc.gov by 2:00 pm on Tuesday of each week. Requested records should be received by the Agency Friday of the same week or by the following week at the latest.



- f. Emergency requests (records needed returned in less than 7 days) must be submitted to OGC for approval either in person or by email to CFSA.bcrequest@dc.gov. OGC will pick up the record(s) and scan them to the requestor the same day. The record(s) will also be available for pick up.

Note: A social worker may make no more than three emergency requests per day.

- 2. OGC shall email scanned copies of records to the social worker or OAG staff and notify them when the hard-copy record will be ready for pick-up.
 - a. Hard copy records should be picked-up from OGC within 10 business days of notification.
 - b. Private agency social workers must schedule a date/time to pick up records.

Process for Requesting Changes to a Birth Certificate

When requesting an amendment to a birth certificate, social workers and OAG staff complete the attached *Additions/Corrections to a Birth Record Form* and follow the process for requesting vital records outlined above.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
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- ☐ APPLICATION FOR CERTIFIED COPY OF **BIRTH** CERTIFICATE (\$23 as of FY11) ☐ Emergency
- ☐ APPLICATION FOR CERTIFIED COPY OF **DEATH** CERTIFICATE (\$18 as of FY11) ☐ Emergency

THIS FORM IS FOR BIRTHS/DEATHS THAT OCCURRED IN D.C. ONLY*

PLEASE PRINT LEGIBLY OR TYPE

Request Date: _____

Name at Birth/Death

(First) (Middle) (Last)

Birth/Death Date: _____ **Race:** _____ **Sex:** _____

(Month) (Day) (Year)

Place of Birth/Date: _____

Name of Facility (if known)

Birth/Adoptive Parent Name: _____

Birth/Adoptive Parent Name: _____

Purpose of Request

If emergency, please describe:

Requestor's Name: _____

Relationship to Client: _____

Agency/Administration: _____

Email Address: _____ **Phone Number:** _____

Supervisor Name: _____ **Supervisor Signature:** _____

For emergency requests:

Office of the General Counsel Representative Signature & Date _____

Please submit all completed requests to:

Office of the General Counsel

Attn: Ashley Thomas

Email: cfsa.bcrequest@dc.gov

Address: 200 I Street, SE Washington, DC 3rd Floor

Headquarters: 200 I Street, SE ■ Washington, D.C. 20003 ■ 202-442-6100
www.cfsa.dc.gov ■ <http://dc.mandatedreporter.org> ■ www.adoptdckids.org

Center for Policy, Planning, and Evaluation
Vital Records Division

January 15, 2019

ADDITIONS/CORRECTIONS TO A BIRTH RECORD

<i>Name on Birth Record:</i>	<i>Date of Birth:</i>	<i>Certificate Number:</i>
<i>Maiden Name of Mother:</i>		
<i>Description of Addition/Correction to Birth Record: child's name corrected to read: <u>New Name Here</u></i>		
<i>Support Documentation Provided To Support Addition/Correction to Birth Record: D.C. License and school records.</i>		
<p>I hereby certify and affirm that I as the applicant or as either a member of the immediate family (mother, father, brother, and sister), guardian or legal representative have entitlement to make the above additions/corrections to the birth record referenced above. I understand that a person who willfully or negligently makes a false certification shall be subject to a fine of not more than two hundred dollars (\$200.00), imprisonment of not more than ninety (90) days or both as per D.C. Code Section 7-225.</p> <p><i>Signature:</i> _____ <i>Relationship:</i> _ _ _ _</p> <p><i>Accepted for Filing By:</i> <i>Rudolph Brothers</i></p>		