

REQUEST FOR A CERTIFIED COPY OF A FILED VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

DCSS 0918 (03/18/2020)

This form is used by the parents or the child only. The requestor must submit their request to the California Parentage Opportunity Program (POP) accompanied by a legible photocopy of a valid government issued ID. If you have any questions, contact a state POP Analyst by calling (866) 249-0773 or by emailing ASKPOP@DCSS.CA.GOV.

REQUEST TYPE*:

 FAX - Faxed to number provided

 APOSTILLE - Returned via USPS

 MAIL- Returned via USPS (Select the number of requested copies in the drop down menu below)

Complete all known fields as they were input on the Voluntary Declaration of Parentage

Required fields are marked with*

Child's First Name*		Child's Middle Name		Child's Last Name*	
Child's Date of Birth*		If mail is selected in request type, provide number of requested copies		Child's County of Birth	
Birth Parent's First Name*		Birth Parent's Last Name		Birth Parent's DOB	
Other Parent's First Name		Other Parent's Last Name		Other Parent's DOB	
Birth Parent's SSN		Other Parent's SSN			
Required Requestor Information					
Requestor's email address:				Phone Number - Direct Line*	
Requestor's First and Last Name*			Requestor Fax*		Requestor*
					<input type="checkbox"/> Parent <input type="checkbox"/> Child
Requestor's complete Mailing Address including Unit/Apartment Number, City, State and Zip Code*					

RECORD VERIFICATION

For State Use Only

 VDOP on File

 No VDOP on File

Date Parentage Established:		
POP Analyst / Processed Date:		

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3)) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Department of Child Support Services (DCSS) and local child support agencies for the purpose of safeguarding information from disclosure in domestic and/or child abuse situations. The information you provide may be given to the federal government, and other public agencies to the extent required by law. Failure to provide this information will limit the DCSS' ability to safeguard your information.

The agency officially responsible for maintenance of the form is the State Coordinator at the Parentage Opportunity Program (POP) of the Department of Child Support Services (DCSS). Legal references authorizing solicitation and maintenance of the personal information include Title 42, United States Code §6669(a)(13) and Family Code §7571. Copies of this form are maintained in confidential files of the State Coordinator at the Parentage Opportunity Program (POP) of the Department of Child Support Services (DCSS). Declarants have the right of access to their filed form(s) upon request by calling (866) 249-0773.

PROCESSING INFORMATION

- **Mailed Requests:**
 - **Mail written request to:**
California Department of Child Support Services
Parentage Opportunity Program
P.O. Box 419070
Rancho Cordova, CA 95741-9070
 - Processed within 5 business days upon receipt
 - Returned via United States Postal Service (USPS) only
- **Fax Requests:**
 - Fax request to: (916) 464-5898
 - Processed within 5 business days upon receipt
 - Returned via fax to the fax number provided by requestor
- **Apostille Requests:**
 - Processed within 5 business days upon receipt
 - Returned via United States Postal Service (USPS) only

DECLARATION

I am the parent or child identified on this parent/child request (DCSS 0918) form and am submitting to the Department of Child Support Services (DCSS), Parentage Opportunity Program (POP). I declare under the penalty of perjury under the laws of the State of California that I am authorized under Family Code §7571(i) to receive this information.