

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

DCSS 0918 (04/01/2024)

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 (916) 464-1982 or by emailing [ASKPOP@DCSS.CA.GOV](mailto:ASKPOP@DCSS.CA.GOV).

**REQUEST TYPE\*:**

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

APOSTILLE - Returned via USPS (Authentication needed for use in international law)

**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*	Number of requested copies (1-9)	Child's County of Birth	
Birth Parent's First Name*	Birth Parent's Last Name*	Birth Parent's DOB*	Birth Parent's SSN
Other Parent's First Name*	Other Parent's Last Name	Other Parent's DOB	Other Parent's SSN

### Required Requestor Information

Requestor's Email Address	Phone Number - Direct Line
Requestor's First and Last Name*	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 (916) 464-1982.

## PROCESSING INFORMATION

### Mailed Requests:

- o **Mail written request to:**

- California Department of Child Support Services
  - Parentage Opportunity Program
  - P.O. Box 419070
  - Rancho Cordova, CA 95741-9070

- o Processed within 5 business days upon receipt
- o Returned via United States Postal Service (USPS) only

### Emailed Request:

- o Email request to: [ASKPOP@DCSS.CA.GOV](mailto:ASKPOP@DCSS.CA.GOV)
- o Processed within 5 business days upon receipt
- o Returned via USPS to the address provided on the request form

### Apostille Requests:

- o Authentication that is needed for use in international law
- o Will take 7-10 business days for processing (to get apostille signed)

## 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.