



APPLICATION FOR AMENDMENT TO FLORIDA BIRTH RECORD

IMPORTANT: Read the entire application form before completing. *TYPE OR PRINT*

Requirement for ordering If you are an eligible applicant, complete and sign this application, state your relationship to registrant and provide a copy of valid photo identification. If you are an attorney representing an eligible person, you need only sign, provide professional license or bar number, indicate name of person whom you represent and their relationship to the registrant in the appropriate spaces below. If applicant is not an eligible person, an Affidavit to Release a Birth Certificate, DH Form 1958, must be completed and signed by an eligible person before a notarizing official and submitted in addition to this application form. Acceptable forms of photo identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

NAME ON OR FOR NEW BIRTH RECORD OF REGISTRANT	FIRST	MIDDLE	LAST	SUFFIX		
NAME AS RECORDED ON CURRENT BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX		
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	AGE	STATE FILE NUMBER (IF KNOWN)	SEX
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN		COUNTY	FLORIDA
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST	MIDDLE	LAST (MAIDEN)		SUFFIX	
FATHER'S NAME	FIRST	MIDDLE	LAST		SUFFIX	

CHECK TYPE OF AMENDMENT:: Adoption Correction Legal Name Change Paternity Establishment

\$20.00 AMENDMENT PROCESSING FEE includes the issuance of ONE certification

FEES ARE NONREFUNDABLE: . See information entitled "Fees" on reverse side

Quantity	=	Amount
1	=	\$20.00

1st additional certification: \$9.00	\$9.00	X	1	=	\$9.00	\$
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Other additional certifications (after the 1st additional certification) are \$4.00 each	\$4.00	X		=	\$
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RUSH ORDERS (Optional): **\$10.00** per order. Envelope must be marked "RUSH".
(Refer to information entitled Response Time)

Yes No

\$

TOTAL AMOUNT ENCLOSED: Check or money order payable to **Vital Statistics** in U.S. Dollars (**DO NOT SEND CASH**)
Florida Law imposes an additional service charge of \$15 for dishonored checks

\$

To provide false information relative to an amendment of a Florida birth record or obtain confidential information contained on a Florida birth record under false or fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes.

APPLICANT NAME/DELIVERY INFORMATION

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	RELATIONSHIP TO REGISTRANT
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)	CITY		STATE	ZIP CODE
DAYTIME PHONE NUMBER INCLUDING AREA CODE ()	ALTERNATE PHONE NUMBER INCLUDING AREA CODE ()		SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NUMBER	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT IIF NOT THE REGISTRANT AND THEIR RELATIONSHIP TO REGISTRANT			
EMAIL ADDRESS				
IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.				
SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY		STATE	ZIP CODE

