

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.

REGISTRANT	FIRST		N			LAST	SUFFIX		
NAME AS RECORDED ON CURRENT BIRTH RECORD	FIRST		MIDDLE			LAST			SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	AGE	STA	ATE FIL	E NUMBER (IF KNOV	VN)	SEX
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN			COUNTY			FLORIDA
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST				LAST (MAIDEN)			SUFFIX	
FATHER'S NAME	FIRST					LAST	SUFFIX		
CHECK TYPE OF AMENDMENT:	:	Adoption	Correction	Legal Name Ch	ange	Pate	rnity Establishment		
\$20.00 AMENDMENT PROCES FEES AF			NE certification ormation entitled "Fe	ees" on reverse side			Quantity 1	= 1	Amount \$20.00
1 _{st} additional certification: \$9.00					\$9.00	Х	1	=\$9.00	\$
Other additional certifications (after the 1st additional certification) are \$4			0 each		\$4.00	Х		=	\$
RUSH ORDERS (Optional): \$10.00 per order. Envelope must be marked "RUSH". (Refer to information entitled Response Time)					Yes No			\$	
<u>Flori</u>	da Law imposes a	an additional service	e charge of \$15 for dishorida birth record or	onored checks obtain confidentia	information				\$ d under false or fraudul
<u>Flori</u>	da Law imposes a elative to an an purposa	an additional service mendment of a Flo es is a third-degre	e charge of \$15 for dishorida birth record or ee felony punishable PLICANT NAME/DEL	onored checks obtain confidential by the terms and control of the	informatior onditions as ON	set fo	orth in Florida Stat	utes.	d under false or fraudul
provide false information re Applicant's Name TYPE OR PRINT	da Law imposes a	an additional service mendment of a Flo es is a third-degre	e charge of \$15 for dish orida birth record or ee felony punishable	onored checks obtain confidential by the terms and control of the	informatior onditions as ON	set fo		utes.	Ť
provide false information re Applicant's Name TYPE OR	da Law imposes a elative to an an purposo FIRST	an additional service mendment of a Flo es is a third-degre APP	e charge of \$15 for dishorida birth record or ee felony punishable PLICANT NAME/DEL	onored checks obtain confidential by the terms and control of the	informatior onditions as ON	set fo	orth in Florida Stat	utes.	d under false or fraudul
provide false information re Applicant's Name TYPE OR PRINT	da Law imposes a elative to an an purpose FIRST APT. NUMBER, IF	an additional service mendment of a Flores is a third-degre APP APPLICABLE	e charge of \$15 for dish orida birth record or ee felony punishable PLICANT NAME/DEL MIDI	onored checks obtain confidentia by the terms and c IVERY INFORMATI DLE	information onditions as ON LAS	set fo	orth in Florida Stat UDING ANY SUFFIX) STATE	utes.	d under false or fraudul
Provide false information re Applicant's Name TYPE OR PRINT DELIVERY ADDRESS (INCLUDE	da Law imposes a elative to an an purpose FIRST APT. NUMBER, IF	an additional service mendment of a Flores is a third-degre APP APPLICABLE	e charge of \$15 for dish orida birth record or ee felony punishable <u>PLICANT NAME/DEL</u> MIDI	onored checks obtain confidentia by the terms and c IVERY INFORMATI DLE	information onditions as ON LAS	set fo	orth in Florida Stat UDING ANY SUFFIX) STATE	RELAT	d under false or fraudul
Provide false information re Applicant's Name TYPE OR PRINT DELIVERY ADDRESS (INCLUDE	da Law imposes a elative to an an purpose FIRST APT. NUMBER, IF	an additional service mendment of a Flores is a third-degree APP APPLICABLE DE () AL	e charge of \$15 for dishorida birth record or see felony punishable PLICANT NAME/DEL MIDE CITY TERNATE PHONE NUMBE	onored checks obtain confidentia by the terms and c IVERY INFORMATI DLE R INCLUDING AREA CO	information onditions as ON LAS*	s set fo	orth in Florida Stat UDING ANY SUFFIX) STATE SIGNATURE	RELATION OF APPLICAN	d under false or fraudul
Applicant's Name TYPE OR PRINT DELIVERY ADDRESS (INCLUDE) DAYTIME PHONE NUMBER INCL	da Law imposes a elative to an an purpose FIRST APT. NUMBER, IF	an additional service mendment of a Flores is a third-degree APP APPLICABLE DE () AL	e charge of \$15 for dishorida birth record or see felony punishable PLICANT NAME/DEL MIDE CITY TERNATE PHONE NUMBE	onored checks obtain confidentia by the terms and c IVERY INFORMATI DLE R INCLUDING AREA CO	information onditions as ON LAS*	s set fo	orth in Florida Stat UDING ANY SUFFIX) STATE SIGNATURE	RELATION OF APPLICAN	d under false or fraudul
Applicant's Name TYPE OR PRINT DELIVERY ADDRESS (INCLUDE DAYTIME PHONE NUMBER INCLUDE IF ATTORNEY, PROVIDE BAR/PR	APT. NUMBER, IF LUDING AREA COI	an additional service mendment of a Flores is a third-degree APP APPLICABLE) DE () AL CENSE NUMBER IF	e charge of \$15 for dishorida birth record or per felony punishable PLICANT NAME/DEL MIDIO CITY TERNATE PHONE NUMBE () TATTORNEY , PROVIDE NUMBER OF THE PHONE NUMBER PROVIDE NUMBER OF THE PROVIDE NUMBER OF THE PERSON OR	onored checks obtain confidential by the terms and confidential by the terms and confidential by the terms and confidence and confidence are including area confidence. RINCLUDING AREA CONFIDENCE ADDRESS USE THE SE	information onditions as ON LAST	S set fo	STATE SIGNATURE THE REGISTRANT AI	RELATION OF APPLICAN ND THEIR REL	d under false or fraudul FIONSHIP TO REGISTRANT DDE ATIONSHIP TO REGISTRAN SS.
Applicant's Name TYPE OR PRINT DELIVERY ADDRESS (INCLUDE DAYTIME PHONE NUMBER INCLUDE IF ATTORNEY, PROVIDE BAR/PR	elative to an an purpose FIRST APT. NUMBER, IF LUDING AREA COI	an additional service mendment of a Flores is a third-degree APP APPLICABLE) DE () AL CENSE NUMBER IF	e charge of \$15 for dishorida birth record or see felony punishable PLICANT NAME/DEL MIDI	onored checks obtain confidential by the terms and confidential by the terms and confidential by the terms and confidence and confidence are including area confidence. RINCLUDING AREA CONFIDENCE ADDRESS USE THE SE	information onditions as ON LAST	S set fo	orth in Florida Stat UDING ANY SUFFIX) STATE SIGNATURE	RELATION OF APPLICAN ND THEIR REL	d under false or fraudul TIONSHIP TO REGISTRANT DDE T ATIONSHIP TO REGISTRAN
Applicant's Name TYPE OR PRINT DELIVERY ADDRESS (INCLUDE DAYTIME PHONE NUMBER INCL IF ATTORNEY, PROVIDE BAR/PF EMAIL ADDRESS IF THE SHIP NAME TO TYPE OR	da Law imposes a elative to an an an purpose FIRST APT. NUMBER, IF UDING AREA COI ROFESSIONAL LIC	an additional service mendment of a Flores is a third-degree APP APPLICABLE) DE () AL CENSE NUMBER IF	e charge of \$15 for dish- porida birth record or pe felony punishable PLICANT NAME/DEL MIDI CITY TERNATE PHONE NUMBE () ANOTHER PERSON OR MIDDLE	onored checks obtain confidential by the terms and confidential by the terms and confidential by the terms and confidence and confidence are including area confidence. RINCLUDING AREA CONFIDENCE ADDRESS USE THE SE	information onditions as ON LAST	S set fo	STATE SIGNATURE THE REGISTRANT AI	RELATION OF APPLICAN ND THEIR REL	d under false or fraudul FIONSHIP TO REGISTRANT DDE ATIONSHIP TO REGISTRAN SS.

INFORMATION AND INSTRUCTIONS FOR AMENDMENT TO BIRTH RECORD APPLICATION

Statute/Rule references may be accessed through the website address at the bottom of this form

FEES: The amendment-processing fee is nonrefundable, even if the amendment cannot be completed. In addition, it can only be applied to this case and cannot be credited or transferred to another case.

ELIGIBILITY: Pursuant to s. 382.025, Florida Statutes, except for those births occurring over 100 years ago that are not under seal, birth certificates are confidential and can be issued only to the registrant (the child named on the record) if of legal age (18), parent, guardian, or a legal representative of one of these persons or by court order. Events occurring over 100 years ago not under seal are public record and available to anyone providing fee and application.

REQUIREMENT FOR ORDERING: If applicant is self, parent or guardian, the applicant must provide a copy of valid photo identification. If guardian, a copy of appointment order must also be included. If legal representative, your attorney Bar ID number and the name and a notation of whom you represent must be included with your request. If not one of the above persons, you will need to complete and have notarized the Affidavit to Release a Birth Certificate, DH Form 1958, and submit with this Application for Amendedment to Florida Birth Certificate, DH Form 429, or provide a court order. A release form is available from this office, most local vital statistics offices within the county health department and our website. Website address located at bottom of this form.

TYPES OF AMENDMENTS:

A. An amendment resulting from a court ordered action:

- Adoption Legal Name Change Paternity Establishment (for assistance call (904)359-6900, ext.9001) (for assistance call (904)359-6900, ext.9005) (for assistance call (904)359-6900, ext.9004)
- B. An amendment made administratively pursuant to vital statistics law (Chapter 382, F.S) and rule authority (Chapter 64V-1 F.A.C.) (for assistance call (904)359-6900, ext.9005)
- Paternity Acknowledgement
- Correction resulting from a misspelling or typographical error or omission
- · Correction of child's name
- Change to child's name within 1 year of birth. Note: A legal change of name issued pursuant to s. 68.07(4), Florida Statutes, is required to change the name after the 1st birthday UNLESS supporting documentation can be provided. In regard to a legal name change, we can only amend a Florida birth record based on a legal name change that has been granted in a Florida court

C. Putative Father:

This DH 429 form, is not used for Putative Father related issues. For more information and assistance please visit our website below or call (904)359-6900, ext.1086.

Correction to a child's name resulting from a misspelling or a typographical error can be made at any time after the child's birth without supporting documentation.

Omissions of child's given name(s) may be made up to the child's 7_{th} birthday without supporting documentation. Corrections to a child's name (other than misspellings, typographical errors, or omissions) may be made only if documentary evidence supporting the correction can be provided. In all cases, such changes to a minor child's name will be made ONLY if both parents named on the birth record (if both are named) are in agreement and sign the required affidavit before a notarizing official. If both parents are not in agreement or not available to sign, the name can only be amended by a legal change of name (court order).

See s. 64V-1.002 and .003, Florida Administrative Code, for additional information defining our authority to make corrections to a birth record.

IMPORTANT: IF A NAME HAS BEEN CHANGED PREVIOUSLY ON THE BIRTH RECORD PURSUANT TO A COURT ORDER, I.E., BY ADOPTION, PATERNITY ACTION OR LEGAL NAME CHANGE, IT CAN ONLY BE CHANGED SUBSEQUENTLY THROUGH ANOTHER COURT ORDER. IN REGARD TO A LEGAL NAME CHANGE, WE CAN ONLY AMEND A FLORIDA BIRTH RECORD BASED ON A LEGAL NAME CHANGE THAT HAS BEEN GRANTED IN A FLORIDA COURT.

RESPONSE TIME: Response time for processing an amendment varies depending upon our workload at the time your request is received. Generally, an amendment is completed within two to three weeks. RUSH processing is available for those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; however, no amended certificate can be issued until all required evidence, forms, applicable fees and appropriate signatures have been received and meet the criteria as established by law or in rules of the department.

MAIL THIS APPLICATION WITH PAYMENT TO VITAL STATISTICS, ATTN: AMENDMENT SECTION, P.O. BOX 210, Jacksonville, FL 32231-0042

http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html