

This application, supporting document(s), and the statutory filing fee of \$15.00 should be submitted to:
 This fee does not include the cost of a certified copy of the record after the amendment is filed.
 Please enclose the additional fee of \$22.00 for each copy of the amended certificate requested.

VITAL STATISTICS UNIT
 DEPARTMENT OF STATE
 HEALTH SERVICES
 P O BOX 12040
 AUSTIN TEXAS 78711-2040
 1-888-963-7111



APPLICATION TO AMEND CERTIFICATE OF BIRTH

STATE OF TEXAS

This application cannot be used to add the fathers information

NO.

Name _____
Last First Middle

Street Address _____ Telephone # _____
(8am-5pm)

City _____ State _____ Zip Code _____

Signature: _____

PART I. ENTER INFORMATION AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE. IF THE CHILD'S NAME DOES NOT APPEAR ON BIRTH CERTIFICATE, ENTER "NOT SHOWN" IN THE FIRST ITEM. (Type or Print)

| | | |
|------------------------|--------|-------------------------------|
| 1. FULL NAME OF CHILD | | 2. DATE OF BIRTH |
| 3. PLACE OF BIRTH | 4. SEX | 5. STATE FILE NO. (If known) |
| 6. FULL NAME OF FATHER | | 7. FULL MAIDEN NAME OF MOTHER |

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED. (Type or Print)

| 8. ITEM OR ITEM NO. | 9. ENTRY ON ORIGINAL CERTIFICATE | 10. CORRECT INFORMATION |
|---------------------|----------------------------------|-------------------------|
| | | |

AFFIDAVIT OF OLDER RELATIVE

PART III. THIS SECTION MUST BE SIGNED BY THE ATTENDING PHYSICIAN, PARENTS, AN OLDER SISTER OR BROTHER. IF CHILD IS A MINOR, BOTH PARENTS MUST SIGN AFFIDAVIT.

This section MUST be signed in the presence of a Notary Public.

STATE OF TEXAS
 COUNTY OF _____

Before me on this day appeared _____
(Name)

now residing at _____
(Street Address) (City)

_____, who is related to the person named in Item I above as _____
(State)

and who on oath deposes and says that the birth certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.

Signature _____ Father/Legal Guardian Signature _____ Mother/Legal Guardian

Sworn to and subscribed before me, this _____ day of _____, 20_____

| |
|----------------------------|
| Signature of Notary Public |
| Commission Expires |
| Typed or Printed Name |
| Street Address |
| City and State |

OFFICE USE ONLY

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000.