

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of: \_\_\_\_\_

Case Number: CV \_\_\_\_\_

\_\_\_\_\_  
Name of Minor whose birth record needs correction

### PETITION TO AMEND BIRTH CERTIFICATE OF A MINOR (A.R.S. § 36-337)

### UNDER PENALTY OF PERJURY

#### 1. INFORMATION ABOUT THE PETITIONER (the person filing this request):

MY FULL NAME IS:

\_\_\_\_\_  
(First) (Middle) (Last)

Address is as listed at top left  
above, or *if not*, my address  
is:

\_\_\_\_\_  
\_\_\_\_\_

I am the Minor's: ☐ Mother ☐ Father ☐ Legal Guardian

County of Residence: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_  
(Month / Day/ Year)

Place of Birth\*: \_\_\_\_\_

(City or County, State, Nation)

\* "Date" and "Place" of birth information not required for legal guardian.

**2. INFORMATION ABOUT THE MINOR WHOSE BIRTH RECORD NEEDS CORRECTION:**

MINOR'S NAME as it appears on the birth certificate:

(First)	(Middle)	(Last)

Address is same as Petitioner's, or  
 if not, minor's complete address is:


County of Residence:

--

Date of Birth:

--

(Month / Day/ Year)

Place of Birth:

--

ARIZONA

(City, County)

A CERTIFIED COPY OF THE MINOR'S CURRENT ARIZONA BIRTH CERTIFICATE IS ATTACHED.**3. INFORMATION ABOUT THE BIRTH RECORD:**A. ☐ The birth record contains **INCORRECT** information about *the MINOR CHILD*:

<b>CHILD'S NAME</b>	appears <i>wrongly</i> as	
<b>DATE OF BIRTH</b>	appears <i>wrongly</i> as	
<b>PLACE OF BIRTH</b>	appears <i>wrongly</i> as	
<b>Other Information</b>	appears <i>wrongly</i> as	
Following is the <b>CORRECT</b> information about the <b>MINOR CHILD</b> . I ask that the birth record be ordered changed as indicated below:		
<b>CHILD'S NAME</b>	should appear as	
<b>DATE OF BIRTH</b>	should appear as	
<b>PLACE OF BIRTH</b>	should appear as	
<b>Other Information</b>	should appear as	

B. ☐ The birth record contains **INCORRECT** information about *the FATHER*:

<b>FATHER'S NAME*</b>	appears <i>wrongly</i> as	_____
<b>DATE OF BIRTH</b>	appears <i>wrongly</i> as	_____
<b>PLACE OF BIRTH</b>	appears <i>wrongly</i> as	_____
<b>RACE</b>	appears <i>wrongly</i> as	_____
<p>Following is the <b>CORRECT</b> information about the <b>FATHER</b>.  I ask that the birth records be ordered changed as indicated below:</p>		
<b>FATHER'S NAME*</b>	should appear as	_____
<b>DATE OF BIRTH</b>	should appear as	_____
<b>PLACE OF BIRTH</b>	should appear as	_____
<b>RACE</b>	should appear as	_____

\* to correct error in name of the father – not to change identity / paternity.

C. ☐ The birth record contains **INCORRECT** information about *the MOTHER*:

<b>MOTHER'S NAME*</b>	appears <i>wrongly</i> as	_____
<b>DATE OF BIRTH</b>	appears <i>wrongly</i> as	_____
<b>PLACE OF BIRTH</b>	appears <i>wrongly</i> as	_____
<b>RACE</b>	appears <i>wrongly</i> as	_____
<b>MARITAL STATUS</b>	appears <i>wrongly</i> as	_____
<b>RESIDENTIAL ADDRESS</b>	appears <i>wrongly</i> as	_____
<p>Following is the <b>CORRECT</b> information about the <b>MOTHER</b>.  I ask that the birth records be ordered changed as indicated below:</p>		
<b>MOTHER'S NAME*</b>	should appear as	_____
<b>DATE OF BIRTH</b>	should appear as	_____

<b>PLACE OF BIRTH</b>	should appear as	_____
<b>RACE</b>	should appear as	_____
<b>MARITAL STATUS</b>	should appear as	_____
<b>RESIDENTIAL ADDRESS</b>	should appear as	_____

\* to correct error in name of the mother – not to change identity / maternity.

**REQUEST TO THE COURT:**

I request the Arizona Office of Vital Records be ordered to remove and replace the incorrect information on the subject birth record with the correct information as indicated above.

**UNDER OATH OR BY AFFIRMATION**

**I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

_____	_____
Date	Signature
Sworn to or Affirmed before me this	_____
_____	by
(Date)	Printed Name
My Commission Expires: (or Seal below)	_____
_____	Deputy Clerk or <input type="checkbox"/> Notary Public