

**HELP FILE FOR:  
DH427 – Office of Vital Statistics Report of Legal Change of Name**

These forms are fill-able and can be completed online and printed. If not completed online, you may type or handwrite **with black ink only**.

**Alteration of information by use of correction fluid or other methods will make this form unacceptable for filing to the Office of Vital Statistics.**

If the person whose name has been changed is a **female**, please list both the **maiden last name** and her **new legal last name** under "**Name as Decreed by Court**." Please complete both pages of **Report of Legal Change of Name** form.

**1<sup>st</sup> page**

County	Pinellas
Docket or File Number	Case Number or UCN (#52YYYYDRNNNNNNXXFDFD)
Date of Court Order	MMDDYYYY (date signed by Judge)
NAME as Decreed by Court	New First, Middle, Maiden, Legal Last name
Name of Petitioner	Person who petitioned court
Petitioner's Relationship to Person	Example: Self, Mother, etc.
Mailing Address of Petitioner	Street City State and Zip
Name of Attorney, if applicable	First Middle Last
Attorney's Mailing Address	Street City State and Zip

**2<sup>nd</sup> page**

Florida Birth Certificate Information	
Name at Birth	First Middle Last Maiden, if female
Subsequent Name Change, if any	First Middle Last Maiden, if female
Date of Birth	MMDDYYYY
Place of Birth	City County State
Full Name of Mother, including Maiden Last	First Middle Maiden Last



**State of Florida**  
**Department of Health**  
**Office of Vital Statistics**  
**Report of Legal Change of Name**

(Important - Read Information and Instructions on Revere Side before Completing this Form)

STATE OF FLORIDA )  
 )  
 County of \_\_\_\_\_ )

Docket or File Number: \_\_\_\_\_

Date of Court Order: \_\_\_\_\_

NAME as Decreed by Court: \_\_\_\_\_  
   First  Middle  Maiden Last, if Female  Legal Last

Name of Petitioner: \_\_\_\_\_  
   First  Middle  Last

Petitioner's Relationship to Person Whose Name Has Been Changed: \_\_\_\_\_

Mailing Address of Petitioner: \_\_\_\_\_  
   Street  City  State  Zip Code

Name of Attorney, if applicable: \_\_\_\_\_  
   First  Middle  Last

Attorney's Mailing Address: \_\_\_\_\_  
   Street  City  State  Zip Code

Signed and Sealed by \_\_\_\_\_ Date: \_\_\_\_\_  
   Signature of Clerk of Court

(Completion of both sides of Report is Required)

Persuant to section 68.07(4) , on filing the final judgment, the clerk shall, if the birth occurred in this state, send a report of the judgment to the Department of Health, Office of Vital Statistics. The form shall contain sufficient information to identify the original birth certificate of the person, the new name, and the file number of the judgment. MAIL COMPETED AND CERTIFIED FORMS TO: Department of Health, Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, ATTN: Corrections Unit.

Provide the following information to identify the birth certificate of the person whose name has been changed.

Name at Birth: \_\_\_\_\_  
First Middle Last Maiden, if Female

Subsequent Name Change, if applicable: \_\_\_\_\_  
First Middle Last Maiden, if Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State

Full Name of Mother, including Maiden Last: \_\_\_\_\_  
First Middle Maiden Last

## INSTRUCTIONS

Please type using black ribbon. Alteration of information by us of correction fluid or other methods will make this form unacceptable for filing by Vital Statistics and the form will be returned

If the person whose name has been changed is female, please list both her legal maiden last name and her legal last name under "Name as Decreed by Court." If name change is to restore a maiden surname, this report will not be attached to the original birth record, but will be retained in the files of the Office of Vital Statistics.

PHOTOCOPIES OF THIS FORM WILL NOT BE ACCEPTED by Vital Statistics and will be returned. To obtain a supplies of this form, submit your request specifying the quantity desired in writing to the Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, ATTN: Administrative Services.

DH 427, 7/06 (Replaces 7/03 edition which may be used)