Print Form



NAME ON OD FOR NEW

APPLICATION FOR AMENDMENT TO FLORIDA BIRTH RECORD

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

Reset Form

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.

BIRTH RECORD OF REGISTRANT	FIRST			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:	: Adopt	ion Correction	Legal Name Ch	ange	Pate	rnity Establishment		
	SING FEE includes the issuance RE NONREFUNDABLE: See		ees" on reverse side			Quantity 1	=1	<u>Amount</u> \$20.00
1 _{st} additional certification: \$9.00					Х	1	=\$9.00	\$
Other additional certifications (after the 1st additional certification) are \$4.00 each				\$4.00	Х		=	\$
RUSH ORDERS (Optional): \$10.00 per order. Envelope must be marked "RUSH". (Refer to information entitled Response Time)					Yes No \$			
TAL AMOUNT ENCLOSED: Check or money order payable to <u>Vital Statistics</u> in U.S. Dollars (DO NOT SEND CASH) Florida Law imposes an additional service charge of \$15 for dishonored checks								\$
	elative to an amendment of purposes is a third-de	a Florida birth record or egree felony punishable	r obtain confidential e by the terms and c	information onditions as				under false or fraudu
Applicant's Name TYPE OR PRINT	FIRST	PPLICANT NAME/DELIVERY INFORMATION MIDDLE		LAS'				IONSHIP TO REGISTRANT
DELIVERY ADDRESS (INCLUDE	APT. NUMBER, IF APPLICABLE)	CITY			STATE Z			DE
DAYTIME PHONE NUMBER INCL	UDING AREA CODE ()	ALTERNATE PHONE NUMB	ALTERNATE PHONE NUMBER INCLUDING AREA CODE		SIGNATURE OF APPLICANT			
IF ATTORNEY, PROVIDE BAR/PF	ROFESSIONAL LICENSE NUMBER	IF ATTORNEY , PROVIDE	NAME OF PERSON YOU	 REPRESENT	IIF NOT	THE REGISTRANT AN	ND THEIR REL	ATIONSHIP TO REGISTRAI
EMAIL ADDRESS								
HIP NAME TO TYPE OR PRINT	CERTIFICATION IS TO BE MAILED FIRST	D TO ANOTHER PERSON OF MIDDLE		ACES BELOW	/ TŌ SPI	ECIFY SHIP TO NAME LAST	AND ADDRES	S. Suffix
HOME PHONE NUMBER	SHIP TO STREET ADDRESS	(AND APT.)						
WORK PHONE NUMBER					STA	ATE		ZIP CODE
H 429 9/07 (OBSOLETES PREV	I YOUS EDITIONS WHICH MAY NO	T BE USED) (Stock Number	: 5740-000-0429-3)					

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 7th 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