



State of Florida
Department of Health – Office of Vital Statistics
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: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

NAME ON OR FOR NEW BIRTH RECORD OF REGISTRANT	FIRST	MIDDLE	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 / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)		SUFFIX	
FATHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)		SUFFIX	

CHECK TYPE OF AMENDMENT:: Adoption Correction Legal Name Change Paternity Establishment

\$20.00 AMENDMENT PROCESSING FEE includes the issuance of ONE certification FEES ARE NONREFUNDABLE: See information entitled "Fees" on page 2.	Quantity 1	= 1	Amount \$20.00
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1 st additional certification: \$9.00	\$9.00	X	1	= \$9.00	\$
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Other additional certifications (after the 1 st additional certification) are \$4.00 each.	\$4.00	X		=	\$
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RUSH ORDERS (Optional): **\$10.00** per order. Envelope must be marked "RUSH".
 (Refer to information entitled Response Time) Yes No \$

TOTAL AMOUNT ENCLOSED: Check or money order payable to **Vital Statistics** in U.S. Dollars (**DO NOT SEND CASH**)
Florida Law imposes an additional service charge of \$15 for dishonored checks. \$

APPLICANT/MAILING INFORMATION

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	RELATIONSHIP TO REGISTRANT
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)	CITY		STATE	ZIP CODE
DAYTIME PHONE NUMBER INCLUDING AREA CODE	ALTERNATE PHONE NUMBER INCLUDING AREA CODE		SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NUMBER	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT IIF NOT THE REGISTRANT AND THEIR RELATIONSHIP TO REGISTRANT			
EMAIL ADDRESS				

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER	CITY		STATE	ZIP CODE

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 Amendment 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 (for assistance call (904)359-6900, ext.9001)
- Legal Name Change (for assistance call (904)359-6900, ext.9005)
- Paternity Establishment (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.

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.9001.

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.

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

DEPARTMENT OF HEALTH

OFFICE OF VITAL STATISTICS

ATTN: CORRECTION UNIT

P.O. BOX 210,

Jacksonville, FL 32231-0042

(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

PLEASE VISIT OUR WEBSITE:

www.FloridaVitalStatisticsOnline.com