



State of Florida Department of Health Bureau of Vital Statistics

Report of Legal Change of Name

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

STATE OF FLORIDA)

Docket or File Number: _____

County of _____)

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

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 use 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)