



**State of Florida  
Department of Health  
Office of Vital Statistics**

**AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH  
(READ INSTRUCTIONS ON BACK BEFORE COMPLETING AND SIGNING)**

REGISTRANT'S FULL NAME AT BIRTH		STATE FILE OR BIRTH NUMBER	
		109 -	
DATE OF BIRTH MONTH/DAY/YEAR	PLACE OF BIRTH/CITY OR TOWN	COUNTY	STATE <b>FLORIDA</b>
ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE	
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		STATE OF: _____	
		COUNTY OF: _____	
		Personally Known _____ or Produced Identification _____	
		Type Identification Produced	
SIGNATURE _____		_____	
SUBSCRIBED AND SWORN BEFORE ME THIS	_____	COMMISSION EXPIRES: _____	
_____ day of _____, 20____	Signature of Notary	SEAL	
	_____		
	Printed Name of Notary		
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		STATE OF: _____	
		COUNTY OF: _____	
		Personally Known _____ or Produced Identification _____	
		Type Identification Produced	
SIGNATURE _____		_____	
SUBSCRIBED AND SWORN BEFORE ME THIS	_____	COMMISSION EXPIRES: _____	
_____ day of _____, 20____	Signature of Notary	SEAL	
	_____		
	Printed Name of Notary		

## INSTRUCTIONS – READ CAREFULLY

Any person who willfully and knowingly makes any false statement in a certificate, record, or report required by Chapter 382, Florida Statutes, or in an application for an amendment thereof, commits a felony of the third degree, punishable as provided in s. 775.084, Florida Statutes.

1. Complete only the upper half of the affidavit. This affidavit will be linked to the original birth certificate thus becoming part of the birth record. Therefore, when completing, please use black typewriter ribbon or print clearly using black ink.
  - a. REGISTRANT'S FULL NAME AT BIRTH – Enter the registrant's (person for whom the record is filed) name as it SHOULD APPEAR on the birth certificate.
  - b. STATE FILE NUMBER – Enter if known, otherwise, leave blank.
  - c. BIRTH DATE AND BIRTH PLACE – Enter correct date and place of birth of registrant.
  - d. COLUMN 1 "ITEM OMITTED OR IN ERROR" – List the item(s) in error. Child's Full Name, Mother's/Parent's Name prior to first marriage (if applicable), Father's/Parent's Name prior to first marriage (if applicable), Date of Birth, etc.
  - e. COLUMN 2 "BIRTH CERTIFICATE SHOWS" – Enter the information that is currently shown on the birth certificate.
  - f. COLUMN 3 "SHOULD BE" – Enter the correct information.
2. Affidavit must be signed by registrant if of legal age of 18 or if not of legal age by parent(s) or legal guardian in the presence of a notary public. IF CORRECTION IS TO BE REGISTRANT'S NAME AND THE REGISTRANT IS UNDER THE AGE OF 18, THE AFFIDAVIT MUST BE SIGNED BY BOTH MOTHER/PARENT AND FATHER/PARENT, BOTH SIGNATURES MUST BE NOTARIZED.

**AFFIDAVIT IS NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.**

**IF ASSISTANCE IS NEEDED IN CONNECTION WITH THIS AMENDMENT, CONTACT THIS OFFICE  
AT (904) 359-6900, Ext. 9005.**

**MAIL THIS APPLICATION WITH PAYMENT AND APPLICATION (DH 429) 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.Floridahealth.gov](http://www.Floridahealth.gov)