



Department of Health Office of Vital Statistics

INSTRUCTIONS FOR AMENDING A CERTIFICATE OF LIVE BIRTH

Birth Certificate Amendments; Who May Apply; Fees . A request for an amendment to a birth certificate shall be accompanied by statutory fees required pursuant to subsection (3) of Rule 64V-1.014, Florida Administrative Code (F.A.C.), and documentary evidence, if required, by section 64V-1.003, F.A.C. The required Affidavit of Amendment to Certificate of Live Birth, DH Form 430 must be signed before a notarizing official by a registrant who is at least 18 years of age or if disability of nonage has been removed and the registrant provided proof of such removal; or if under the age of 18, by his or her parent(s) named on the certificate or guardian or agency having legal custody of the registrant. If amendment is to the child's name and the child is under the age of 18, both parents (if both named on the birth record) must sign the required affidavit before a notarizing official. If both parents not willing or available, the name can only be amended pursuant to court order.

PURSUANT TO S. 382.026(1), FLORIDA STATUTES – IT IS A THIRD DEGREE FELONY TO WILLFULLY AND KNOWINGLY MAKE FALSE STATEMENT IN AN APPLICATION FOR AN AMENDMENT TO A CERTIFICATE REQUIRED UNDER THIS CHAPTER.

NO SUPPORTING DOCUMENTARY EVIDENCE REQUIRED FOR THE FOLLOWING ITEMS

- ◆ Hour of birth, parent(s) age or date of birth, residence, mailing address, social security numbers;
 - ◆ Misspelling or transposition of letters;
 - ◆ Adding given name(s) of registrant up to the registrant's seventh (7th) birthday;
 - ◆ Amending name(s) of registrant up to the registrant's first (1st) birthday. After 1 year from the date of birth, a change to a registrant's name (other than a correction which can be supported by documentary evidence) will be processed upon receipt of a legal change of name issued from a court of competent jurisdiction;
 - ◆ Adding of given name(s) of parent(s);
 - ◆ Sex, if item was left blank, or if sex as recorded is clearly in conflict with given names as recorded at the time of birth;
 - ◆ Date of birth up to 10 days within the same calendar year but not later than file date;
 - ◆ Mother's maiden name if married surname was originally recorded; or
 - ◆ Parent(s) state or country of birth except a change from foreign country to the United States.
1. Complete the green form **Application for Amended Birth Certificate**, DH Form 429.
 2. Complete the white form **Affidavit of Amendment to Certificate of Live Birth**, DH Form 430
 3. To amend any of the above items, mail both the application and notarized affidavit with a check or money order made payable to: **Bureau of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, ATTN: Correction Unit**

CORRECTION OF THE FOLLOWING ITEMS REQUIRES DOCUMENTARY EVIDENCE IN ADDITION TO ITEMS 1 – 3 ABOVE

Amendment to birth certificates as specified below shall be accompanied by original, certified, or notarized supporting documentary evidence. Except for correction of the year of birth, documents submitted for registrant 18 years or older must have been established prior to the 18th birthday and must be at least 5 years old; documents submitted for registrant under the age of 18 must have been established within 7 years of the date of birth. To correct the year of birth, the documentation must have been established within the first 7 years of the date of birth. – **DOCUMENTS ARE SUBJECT TO VERIFICATION WITH THE ORIGINATING SOURCE AND WILL BE RETURNED AFTER REVIEW.**

- ◆ Adding given name(s) of registrant after the registrant's seventh (7th) birthday;
- ◆ Correcting name of the registrant after the registrant's first (1st) birthday;
- ◆ Sex of the child, if it does not meet criteria contained in section above;
- ◆ Date of birth more than 10 days but less than one (1) year provided that the requested change is not in conflict with the filing date of the birth certificate;
- ◆ Year of birth provided that the requested change is not in conflict with the filing date of the birth certificate;
- ◆ Place of birth;
- ◆ Name of attendant.

INFORMATION CONTINUES ON BACK OF THIS SHEET

DH Form 660, Apr. 2002
(Obsoletes previous editions)

- ◆ Parent(s) names, except for those amendments meeting criteria contained in section above;
- ◆ Parent(s) state or country of birth from foreign born to United States; and
- ◆ Parent(s) race.

DOCUMENTATION TO INCLUDE

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| <ul style="list-style-type: none"> (1) Name of Child (2) Name of Parent (3) Sex of Child | <ul style="list-style-type: none"> (4) Date of Birth (5) Place of Birth (6) Date Document Originally Established |
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Documents submitted must be the original or a certified/notarized copy. Any foreign language document must be accompanied by a certified English translation.

- ◆ Court Order;
- ◆ Medical record or statement based on established records from a hospital, licensed physician, licensed midwife, or a public health nurse employed by the department;
- ◆ Vital Records of parent(s) or sibling(s), where appropriate;
- ◆ School Record;
- ◆ Military Record;
- ◆ Census Record;
- ◆ Social Security Application; (print-out/numident)
- ◆ Insurance Application; or
- ◆ Voter Registration Record.

Other records that are verifiable and contain the required facts and support the amendment being requested may be substituted for the suggested documents.

SOURCE ADDRESSES

SCHOOL RECORD: May be obtained from the county superintendent or principal of the school on official letterhead, affidavit from or a certified transcript. You can visit the website at www.fadss.org/

CENSUS RECORD: Bureau of the Census, P. O. Box 1545, Jeffersonville, Indiana 47131. A substantial fee is required thus we usually do not suggest this unless a last resort. You can visit the website at www.census.gov/

MILITARY RECORD: Check with the respective personnel office of your branch of service at a military installation closest to you for the address to your particular records center.

SOCIAL SECURITY (Numident): Social Security Administration, OCRO – EEU, P. O. Box 33022, 33 N. Greene Street, Baltimore, Maryland 21290. A fee is required. You may also wish to contact your local social security office to see if a social security numident can be obtained locally.

For further information contact the Department of Health, Bureau of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, ATTN: Correction Unit. Telephone (904) 359-6900 ext. 9005.