

State of Florida Department of Health Bureau of Vital Statistics

AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH

Registrant's Full Name			Stat 109 -	State File Number 109 -	
Date of Birth (Month/Day/Year)	Place of	Birth/City or Town	County	State FLORIDA	
ITEM OMITTED OR IN ERR	OR BIR?	TH CERTIFICATE SHOWS	S	HOULD BE	
I hereby declare under oath that the above statements are true and correct(Signature of Affiant)					
STATE OF COUNTY OF					
		physical presence or online notarization, this day of (name of person making statement).			
Signature of Notary Public	Stam	Printed Name of Notary Public Stamp Commissioned Name of Notary Public			
Personally Known OR Produced Identification					
Type of Identification Produced					
I hereby declare under oath that the above statements are true and correct (Signature of Affiant					
STATE OF COUNTY OF					
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20, by (name of person making statement).					
Signature of Notary Public		Stam	Printed Name of Notary Public Stamp Commissioned Name of Notary Public		
Personally Known OR Pro					
Type of Identification Produced					

INFORMATION AND INSTRUCTIONS FOR AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH

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 print clearly.
 - a) **Registrant's Full Name**: Enter the registrant's name (person named on birth record) as it should appear.
 - b) State File Number: Enter if known, otherwise, leave blank.
 - c) Date of Birth; Enter registrant's correct date of birth
 - d) Place of Birth: Enter registrant's city or town of birth.
 - e) **County [of Birth]:** Enter registrant's county of birth if known, otherwise, leave blank
 - f) **ITEM OMITTED OR IN ERROR**: List the item(s) in error. "Child's Full Name", "Mother's/Parent's Name", "Father's/Parent's Name", "Child's Date of Birth", "Mother's Date of Birth", "Father's Date of Birth", etc.
 - g) **BIRTH CERTIFICATE SHOWS**: Enter the information as currently shown on the birth certificate.
 - h) SHOULD BE: Enter the correct information.
- 2) Who MUST sign the affidavit in the presence of a notary public?
 - a) If registrant is under the age of 18, a parent listed on the birth certificate or legal guardian MUST sign.

(a) If the name of the registrant is to be changed, the parent(s) as listed or legal guardian(s) MUST sign.

b) If the registrant is 18 years or older, registrant MUST sign.

AFFIDAVIT IS NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.

If assistance is needed, contact the Correction unit at (904) 359-6900, ext. 9005

MAIL THIS AFFIDAVIT AND APPLICATION (DH 429) WITH PAYMENT TO: DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS ATTN: CORRECTION UNIT P.O. BOX 210, JACKSONVILLE, FL 32231-0042

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

PLEASE VISIT OUR WEBSITE:

www.floridahealth.gov/certificates