

AMENDMENT OF BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES A PART OF THE OFFICIAL BIRTH RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL BIRTH RECORD	1A. NAME—FIRST		1B. MIDDLE	1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4A. CITY OF BIRTH	4B. COUNTY OF BIRTH		
	5A. FULL NAME OF PARENT—FIRST		5B. MIDDLE	5C. LAST (BIRTH)	5D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	

PART II COURT ORDER INFORMATION

GENERAL INFORMATION	7. NAME OF COURT		8. COURT CASE NUMBER	
	9. COUNTY	10. STATE	11. DATE OF COURT ORDER—MM/DD/CCYY	
NEW NAME OF INDIVIDUAL AS CHANGED BY COURT ORDER	12A. FIRST	12B. MIDDLE	12C. LAST	

PART III AFFIDAVIT AND SIGNATURE

USE BLACK INK ONLY	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE INDIVIDUAL IDENTIFIED IN PART I WAS CHANGED BY COURT ORDER AS STATED IN PART II.				
	13A. SIGNATURE OF APPLICANT ▶		13B. PRINTED NAME		13C. DATE SIGNED—MM/DD/CCYY
	13D. ADDRESS—STREET and NUMBER		13E. CITY	13F. STATE	13G. ZIP CODE
STATE REGISTRAR USE ONLY	THIS IS TO CERTIFY THAT CDPH - VITAL RECORDS HAS REVIEWED A CERTIFIED COPY OF THE COURT ORDER DESCRIBED IN PART II AND HAS ACCEPTED THIS AMENDMENT TO THE BIRTH RECORD AS PROVIDED BY STATUTE.				
	14. CDPH - VITAL RECORDS		15. DATE ACCEPTED FOR REGISTRATION		

APPLICATION TO AMEND A BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

TYPE OR PRINT CLEARLY IN BLACK INK ONLY
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I hereby make application to amend the birth certificate for the individual identified. A fee is required to file the amendment, but the fee includes one certified copy of the newly amended record. There is a fee for each additional copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at www.cdph.ca.gov.

Enclosed is the fee of \$ _____ for filing the amendment and one certified copy of the newly amended record.

Enclosed is the fee of \$ _____ for an additional certified copy(ies) of the newly amended birth record.

Printed Name of Applicant _____

Mailing Address of Applicant _____

Telephone Number () _____

City, State, ZIP Code _____

GENERAL INFORMATION

1. The original certificate cannot be altered.
2. ***This amendment becomes a part of the original record, so please type or print clearly in black ink only.***
3. Please submit original amendment form only. Photocopies of the amendment form will be rejected.
4. Your certified copy will include a copy of the original certificate with a copy of the amendment.
5. **The certified copy of the certificate and the attached amendment must remain together for the certified copy to be valid.**

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

1. ***This form becomes a part of the original record – type or print clearly in black ink only.***
2. No erasures, whiteouts, photocopies, or alterations allowed.
3. Complete Part I, Items 1A – 6D, with the information as it appears on the original certificate.
4. Complete Part II, Items 7 – 11, with the court order information.
5. Enter the new name(s) in Items 12A – 12C EXACTLY as stated in the court order.
6. The applicant must sign in Item 13A, print his/her name in Item 13B, enter the date signed in Item 13C, and complete the address information in Items 13D – 13G.
7. Do not complete items 14 or 15. This space is reserved for State Registrar use only.
8. Make check or money order payable to CDPH - Vital Records. When all paperwork is properly completed and signed, mail the form, the required fee(s), and a certified copy of the court order to:

California Department of Public Health - Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410