

Amendment of a record by court order

State file number:	

- Complete Section A using information from the current record. Complete Section B using information from the court order.
- The registrant will complete and sign Section C. If the registrant is under 18 years of age, the parent or legal guardian will sign. An attorney may sign if they represented the client in court or with written consent from the registrant, parent or legal guardian.
- Return the form and fee to the DHHS Office of Vital Records and Statistics. If accepted for registration, it will be filed and become a permanent part of the original record.
- The current fee to complete this amendment is \$5 plus the fee for a certified birth certificate which is \$22 for a total of \$27. Additional certificate copies requested at the same time are \$10 each.
- If this application is incomplete and the applicant does not respond to a written request for additional information within 90 days, the application will be denied. Fees paid are non-refundable. A new

Section A								
Complete all items as stated on current record.								
Information as eported on record	1a. First name		1b. Middle name			1c. Last name		
	2. Sex 3. Date of event		4. Place of occurence (city and county)					
Infor	5. Name of parent 1	plicable)	licable) 6. Name of parent 2 (name prior to marriage if applicable)					
Section B								
Complete all items as correct on court order.								
Changes made by court order	7. Name of court				8. Court case number			
	9. County		10. State		11. Date of court order			
	12. Item number 13	n court orde	court order					
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hang								
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Section C								
	To be completed by registrant, parent, legal guardian or attorney.							
Ħ	I hereby certify under penalty of perjury that the changes identified above were changed by court order. I understand that							
Certification of applicant	once this form is submitted and accepted it becomes part of the permanent record.							
	14. Signature					15. Date signed		
	16. Printed name	17. Relatio	17. Relationship to certificate holder					
	T8. Address (street, city, state, zip code)							