



PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW. COMPLETE THE FRONT AND BACK OF THIS FORM.

Section 1: REQUIRED INFORMATION

REQUESTING CORRECTION TO:			
<input type="checkbox"/> Birth		<input type="checkbox"/> Stillbirth/Fetal Death	
<input type="checkbox"/> Death			
STATE FILE NUMBER		DATE OF BIRTH & HOUR OF BIRTH (MONTH, DAY, & YEAR)	
FIRST NAME OF CHILD AT BIRTH	MIDDLE NAME OF CHILD AT BIRTH	LAST NAME OF CHILD AT BIRTH	GENERATION (JR., II, III, ETC.)
MOTHER/PARENT 1 FIRST NAME AT BIRTH	MOTHER/PARENT 1 MIDDLE NAME AT BIRTH		MOTHER/PARENT 1 LAST NAME AT BIRTH
FATHER/PARENT 2 FIRST NAME AT BIRTH	FATHER/PARENT 2 MIDDLE NAME AT BIRTH		FATHER/PARENT 2 LAST NAME AT BIRTH
FATHER'S PLACE OF BIRTH (CITY, COUNTY, STATE)		FATHER'S DATE OF BIRTH (MONTH, DAY, & YEAR)	
ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE	
I HEREBY DECLARE UNDER OATH THAT THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE. (SIGNATURE OF REGISTRANT OR PARENT)			
CURRENT ADDRESS OF REGISTRANT (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)			
EMAIL ADDRESS			
DO NOT WRITE BELOW THIS LINE.			
NAME & KIND OF DOCUMENTARY EVIDENCE (INCLUDE BY WHOM AND DATE ISSUED)		ORIGINAL DOCUMENT DATE (MONTH, DAY, & YEAR)	
ADDITIONAL INFORMATION OR EXPLANATION			
As an official representative of the State Registrar, I certify that I have examined the evidence and information presented on this form.		SIGNATURE OF CERTIFIER	DATE SIGNED (MONTH, DAY, & YEAR)
SIGNATURE OF THE STATE REGISTRAR		ORIGINAL BIRTH CERTIFICATE FILE DATE (MONTH, DAY, & YEAR)	

Section 2: NOTARY PUBLIC

ACKNOWLEDGED TO BE TRUE BEFORE ME ON (NOTARY'S SIGNATURE & DATE):	MY TERM EXPIRES ON (DATE):
ID TYPE PRESENTED BY REGISTRANT	ID NUMBER PRESENTED BY REGISTRANT
ID TYPE PRESENTED BY BIRTH MOTHER/PARENT 1	ID NUMBER PRESENTED BY MOTHER/PARENT 1
ID TYPE PRESENTED BY BIRTH FATHER/PARENT 2	ID NUMBER PRESENTED BY FATHER/PARENT 2
PLEASE PLACE THE NOTARY SEAL BELOW.	



NOTE: The fee for amendments to Vital Records is \$10.00. This fee does not include certified copies of the record and is non-refundable. Certified copies of birth and death certificates are \$25.00 and \$5.00 for each additional copy purchased at the same time.

Example:	Amendment	\$10.00
	Certified Copy	\$25.00
	+1 Additional Copies	\$5.00
		\$40.00

If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. **A valid copy of your Photo ID must accompany this request.** Please do not send cash by mail.

INSTRUCTIONS FOR AMENDING A BIRTH CERTIFICATE

The Amended Birth Certificate form must be completed by the registrant, the parent, or the legal representative. ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK OR BLUE-BLACK PEN. The Amended Birth Certificate is a permanent record and will replace the original record on file.

Step 1. Complete the information as it should appear on the Amended Birth Certificate in the top portion. Enter the child’s name, sex, hour of birth if applicable, date of birth, city, or town or location of birth, county of birth, mother’s maiden name, mother’s date of birth or age, mother’s state of birth, father’s full name, father’s date of birth or age, and father’s state of birth if applicable.

Step 2. Complete the items to be amended or corrected. Enter the item omitted or in error; then enter the information as it appears on the original birth certificate and enter the birth information as it should be.

Step 3. The Amended Birth Certificate must be signed by the registrant or parent in the Affidavit section. The notary shall sign his or her name, enter the date the information was “sworn and subscribed to”, the date his or her notary commission expires and impress the notary seal in the space marked ‘IMPRESS SEAL HERE’.

NOTE: APPLICANTS OR THEIR REPRESENTATIVES DO NOT ENTER ANY INFORMATION BELOW THE SOLID LINE MARKED “APPLICANT – DO NOT WRITE BELOW THIS LINE.”

Step 4. The applicant (or his or her representative) must submit the required evidence which shows the information listed in the sworn portion of the form.

All records submitted must verify the facts claimed and must also show the name and address of the company, agency, or institution where the record was filed; the date the record was made and by whom and must be submitted in the following form: (1) A statement on letterhead stationery of the official and signed by the official who has custody of the record OR (2) A copy of a record which is certified to be a true copy by the official having custody of the original record.

All documents will be returned to the applicant upon review. Altered records or records which show incorrect information will not be accepted. UNCERTIFIED COPIES OF DOCUMENTS ARE NOT ACCEPTABLE. To determine the age your record should be, please refer to the Abbreviated Records Requirement Chart. FORM 3977 SHOULD NOT BE USED TO ESTABLISH PATERNITY.

ABBREVIATED RECORDS REQUIREMENT CHART

This chart is acceptable for amending a birth certificate only.

Age of Child	Required Age of Record
8 years or older	Record at least five years old
4 years – 7 years	Record filed not more than three years after the date of birth
Over 1 year – 3 years	Record at least one year old

In all cases, the evidence must have been created at least (1) year prior to the date of application.