** COMMONWEALTH OF VIRGINIA**

**BIRTH CERTIFICATE AMENDMENT REQUEST FORM**

**Please note:** Completion of this form does not authorize the Office of Vital Records to amend or correct the birth certificate. This form is your official request for information on how to amend or correct a birth certificate. A separate amendment request form should be completed for each birth record you wish to amend.

**PART I – REQUESTER INFORMATION** *(PERSON COMPLETING THIS FORM)*

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| NAME OF REQUESTER: | | | ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | DAYTIME PHONE NUMBER: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| STREET ADDRESS: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | CITY: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | STATE: | \_\_\_\_\_\_\_\_ | | | ZIP: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EMAIL ADDRESS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | |
| WHAT IS YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHECK ONE)  SELF  MOTHER  FATHER  PARENT ONE  PARENT TWO  ADULT CHILD  CURRENT SPOUSE  ADULT SISTER  ADULT BROTHER  MATERNAL GRANDPARENT  PATERNAL GRANDPARENT  LEGAL GUARDIAN *(Submit custody paper)*  OTHER *(Specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **I certify and affirm that all information on this form is true and correct.**  **UNSIGNED FORMS WILL NOT BE PROCESSED.**  SIGNATURE OF REQUESTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

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| **PART II - INFORMATION REQUESTED TO BE AMENDED ON THE BIRTH CERTIFICATE** | | |
| DESCRIPTION OF ITEM TO BE AMENDED *(see reverse of form)* | INCORRECT INFORMATION THAT APPEARS ON THE CURRENT BIRTH CERTIFICATE | CORRECTED INFORMATION AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE |
| ***Example:*** *Registrant’s name* | ***Example:*** *Sam Ray Wilson* | ***Example:*** *Samuel Ray Wilson* |
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Please submit the completed **Birth Certificate Amendment Request Form** along with a copy of the birth certificate in order to receive instructions on how to make the requested amendment or correction. If no birth certificate can be provided, please complete and submit an Application for Certification for a Birth Record, the $12.00 certification fee, and a copy of the requester’s identification. The Application for Certification of a Vital Record can be obtained from our website at https://www.vdh.virginia.gov/vital-records/applications-for-a-vital-record/

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| **Send Completed Form To:**  Office of Vital Records  Attn: Special Services  P. O. Box 1000  Richmond, VA 23218-1000 | **Contact Information:**  (804) 662-6200  www.vdh.virginia.gov/vital-records/ |

**VS43-7/21**

**DESCRIPTION OF ITEM TO BE AMENDED**

**ITEM DEFINITIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Registrant** | **…………………………………………..............................** | | | | | **The registrant is the person named on the certificate** |
| **Registrant’s Date of Birth** | | **……………………….........................** | | | | **Date registrant was born** |
| **Registrant’s Place of Birth** | | | **…………………………………………..** | | | **City or county of registrant’s birth** |
| **Maiden Name of Mother/Parent I\*** | | | | | **……………………............** | **Name of registrant’s Mother/Parent I** |
| **Age of Mother/Parent I** | | **……………………………………………….** | | | | **Reported age of Mother/Parent I at the time of registrant’s birth** |
| **Mother/Parent I Place of Birth** | | | | **…………………………………….** | | **Mother/Parent I’s state or country of birth** |
| **Name of Father/Parent II\*\*** | | | **…………………………………………..** | | | **Name of registrant’s Father/Parent II** |
| **Age of Father/Parent II** | | **……………………………….................** | | | | **Reported age of Father/Parent II at the time of child’s birth** |
| **Father/Parent II Place of Birth** | | | | **………………......................** | | **Father/Parent II’s state or country of birth** |

**\*First parent listed on the birth certificate**

**\*\*Second parent listed on the birth certificate**