VDH VIRGINIA DEPARTMENT OF HEALTH

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)*

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.

SIGNATURE OF REQUESTER: _____

UNSIGNED FORMS <u>WILL NOT</u> BE PROCESSED.

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*

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/

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/

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