

## **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: DAY		IME PHONE NUMBER:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		_	
WHAT IS YOUR RELATIONSHIP TO THE PE	RSON NAMED ON THE CERTIFICATE (CHECK ONE)		
☐ SELF ☐ MOTHER ☐ FATHER ☐ PAR	ENT ONE PARENT TWO ADULT CHILD CURRENT SPOU	SE ADULT SISTE	R ADULT BROTHER
MATERNAL GRANDPARENT PATERNAL	L 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 WILL NOT BE PROCESSED.	
PART II - INFORMATION REQUESTED	TO BE AMENDED ON THE BIRTH CERTIFICATE		
DESCRIPTION OF ITEM TO BE	INCORRECT INFORMATION THAT APPEARS ON THE	CORRECTED INFORMATION AS IT SHOULD	
AMENDED (see reverse of form)	CURRENT BIRTH CERTIFICATE	APPEAR OF	N 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 <a href="https://www.vdh.virginia.gov/vital-records/applications-for-a-vital-record/">https://www.vdh.virginia.gov/vital-records/applications-for-a-vital-record/</a>

**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 .....

<sup>\*</sup>First parent listed on the birth certificate

<sup>\*\*</sup>Second parent listed on the birth certificate