



Florida Department of Health  
Bureau of Vital Statistics  
[www.floridahealth.gov/certificates](http://www.floridahealth.gov/certificates)

## APPLICATION FOR AMENDMENT TO FLORIDA BIRTH CERTIFICATE

### Applicant Information (Eligibility Requirements on Reverse Side)

*Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on an application or affidavit, or who obtains confidential information from any vital record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.*

Applicant's Name: \_\_\_\_\_  
(Person requesting the record)

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ email: \_\_\_\_\_

Relationship to Person on Birth Record: \_\_\_\_\_ Signature: \_\_\_\_\_

If applicant is an attorney, provide name of client you represent: \_\_\_\_\_

client's relationship to person on birth record: \_\_\_\_\_, and your bar/professional license #: \_\_\_\_\_

### Birth Information

Full Name on New Birth Record: \_\_\_\_\_

Full Name on Current Birth Record: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State File Number (if known): \_\_\_\_\_

Hospital/Place of Birth: \_\_\_\_\_ City/County: \_\_\_\_\_

Mother's / Parent's Full Name Prior to First Marriage: \_\_\_\_\_

Father's / Parent's Full Name Prior to First Marriage: \_\_\_\_\_

### Amendment Type

TYPE OF AMENDMENT (check one): ☐ Adoption ☐ Correction ☐ Legal Name Change ☐ Paternity Establishment

Amendment Fee (includes one certificate)

First additional certificate: \$9.00

Other additional certificates: \$4.00 each

Release of Established Paternity Acknowledgment: \$14.00 each

**Rush Order (Optional):** Rush orders are given priority processing and require an additional \$10 fee. Mark the outside of your envelope "RUSH". Expedite shipping is NOT included.

Fee		Quantity	=	
\$20.00	X	1	=	\$20.00
\$9.00	X		=	
\$4.00	X		=	
\$14.00	X		=	
\$10.00	X		=	
Total Amount Enclosed				

**APPLICANT'S VALID PHOTO IDENTIFICATION REQUIRED: Driver's License, State Identification Card, Passport, Military Identification Card. Amendment processing fees are non-refundable.**

## INFORMATION AND INSTRUCTIONS FOR AMENDMENT TO FLORIDA BIRTH CERTIFICATE APPLICATION

*Statute/Rule references may be accessed through the website address at the bottom of this form*

**FEES:** The amendment processing fee is only applied to this request and is non-refundable, even if the amendment cannot be completed

**ELIGIBILITY (Section 382.025, Florida Statutes):** Birth certificates are confidential and can be issued only to the registrant (the child named on the record) if of legal age (18), parent, guardian, or a legal representative of one of these persons or by court order. Births occurring over 100 years ago, not under seal, are public record and available to anyone providing fee and application.

**REQUIREMENT FOR ORDERING:** Eligible applicant must provide a completed application, a copy of a valid photo identification, and any documentation required for proof of eligibility.

**ACCEPTABLE FORMS OF IDENTIFICATION:** Driver License, State Identification Card, Passport, Military Identification Card. A foreign issued driver license, identification card, consular card, or Matricula card require two additional forms of identification, such as a vehicle title or registration, health insurance card, employment ID, school ID, tax document, or mail with current address.

**RESPONSE TIME:** Response time for processing an amendment varies depending upon our workload at the time your request is received. Generally, an amendment is completed within two to three weeks. RUSH processing is available for those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; however, no amended certificate can be issued until all required evidence, forms, applicable fees and appropriate signatures have been received and meet the criteria as established by law or in rules of the department.

**If you need further assistance, please contact the appropriate unit below based on amendment type:**

- Corrections/Legal Name Change: 904-359-6900 ext. 9005
- Paternity Establishment: 904-359-6900 ext. 9004
- Adoption: 904-359-6900 ext. 9001

### **MAIL THIS APPLICATION WITH PAYMENT AND COPY OF VALID ID TO:**

FLORIDA DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
ATTN: RECORDS AMENDMENT SECTION  
P.O. BOX 210  
JACKSONVILLE, FL 32231-0042

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

### **PLEASE VISIT OUR WEBSITE:**

[www.floridahealth.gov/certificates](http://www.floridahealth.gov/certificates)