

**INSTRUCTIONS - READ CAREFULLY**

Any person who willfully and knowingly makes any false statement on a certificate, record, or report required by Chapter 382, Florida Statutes, or on an application for an amendment thereof, commits a felony of the third degree, punishable as provided in s. 775.084, Florida Statutes.

1. Complete only the upper half of the affidavit. This affidavit will be attached to the original birth certificate thus becoming part of the birth record. Therefore, when completing, please use black typewriter ribbon or print clearly using black ink.
  - a. REGISTRANT'S FULL NAME AT BIRTH - Enter the registrant's (person for whom the record is filed) name as it SHOULD APPEAR on the birth certificate.
  - b. STATE FILE NUMBER - Enter if known, otherwise, leave blank.
  - c. BIRTH DATE AND BIRTH PLACE - Enter correct date and place of birth of registrant.
  - d. COLUMN 1 "ITEM OMITTED OR IN ERROR" - List the item(s) in error. Child's Full Name, Mother's Maiden Name, Father's Name, Date of Birth, etc.
  - e. COLUMN 2 "BIRTH CERTIFICATE SHOWS" - Enter the information that is currently shown on the birth certificate.
  - f. COLUMN 3 "SHOULD BE" - Enter the correct information. There are enough lines to make four corrections. If more than four corrections are indicated, you may enter two items per line thus allowing for eight corrections
2. Affidavit must be signed by registrant if of legal age of 18 or if not of legal age by parent(s) or legal guardian in the presence of a notary public. IF CORRECTION IS TO THE REGISTRANT'S NAME AND THE REGISTRANT IS UNDER THE AGE OF 18, THE AFFIDAVIT MUST BE SIGNED BY BOTH MOTHER AND FATHER< BOTH SIGNATURES MUST BE NOTARIZED.
3. **AFFIDAVIT NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.**

IF ASSISTANCE IS NEEDED IN CONNECTION WITH THIS AMENDMENT, CONTACT THIS OFFICE AT (904) 359-6900, Ext. 9005.

**AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH**  
(READ INSTRUCTIONS ABOVE BEFORE COMPLETING AND SIGNING)

REGISTRANT'S FULL NAME AT BIRTH		STATE FILE OR BIRTH NUMBER 109 -	
DATE OF BIRTH MONTH/DAY/YEAR	PLACE OF BIRTH/CITY OR TOWN	COUNTY	STATE  FLORIDA
ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE	
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE  <b>X</b> _____		Personally Known _ or Produced Identification _ Type Identification Produced _____ _____	
SUBSCRIBED AND SWORN BEFORE ME THIS ____ day of _____, 20____	_____ (Signature of Notary) _____ (Printed Name of Notary)	COMMISSION EXPIRES: _____  SEAL	
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE _____		Personally Known _ or Produced Identification _ Type Identification Produced _____ _____	
SUBSCRIBED AND SWORN BEFORE ME THIS ____ day of _____, 20____	_____ (Signature of Notary) _____ (Printed Name of Notary)	COMMISSION EXPIRES: _____  SEAL	