

# AMENDMENT OF BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES A PART OF THE OFFICIAL BIRTH RECORD**

## PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON CURRENT BIRTH RECORD	1A. NAME—FIRST		1B. MIDDLE	1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4A. CITY OF BIRTH	4B. COUNTY OF BIRTH		
	5A. FULL NAME OF PARENT—FIRST		5B. MIDDLE	5C. LAST (BIRTH)	5D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	

## PART II COURT ORDER INFORMATION

GENERAL INFORMATION	7. NAME OF COURT		8. COURT CASE NUMBER	
	9. COUNTY	10. STATE	11. DATE OF COURT ORDER—MM/DD/CCYY	
NEW NAME OF INDIVIDUAL AS CHANGED BY COURT ORDER	12A. FIRST	12B. MIDDLE	12C. LAST	

## PART III AFFIDAVIT AND SIGNATURE

USE BLACK INK ONLY	<b>I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE NAME OF THE INDIVIDUAL IDENTIFIED IN PART I WAS CHANGED BY COURT ORDER AS STATED IN PART II.</b>				
	13A. SIGNATURE OF APPLICANT  ▶		13B. PRINTED NAME		13C. DATE SIGNED—MM/DD/CCYY
	13D. ADDRESS—STREET and NUMBER		13E. CITY	13F. STATE	13G. ZIP CODE
STATE REGISTRAR USE ONLY	<b>THIS IS TO CERTIFY THAT CDPH - VITAL RECORDS HAS REVIEWED A CERTIFIED COPY OF THE COURT ORDER DESCRIBED IN PART II AND HAS ACCEPTED THIS AMENDMENT TO THE BIRTH RECORD AS PROVIDED BY STATUTE.</b>				
	14. CDPH - VITAL RECORDS		15. DATE ACCEPTED FOR REGISTRATION		



# APPLICATION TO AMEND A BIRTH RECORD TO REFLECT COURT ORDER CHANGE OF NAME

TYPE OR PRINT CLEARLY IN BLACK INK ONLY  
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

I hereby make application to amend the birth certificate for the individual identified. A fee is required to file the amendment, but the fee includes one certified copy of the newly amended record. There is a fee for each additional copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at [www.cdph.ca.gov](http://www.cdph.ca.gov).

Enclosed is the fee of \$ \_\_\_\_\_ for filing the amendment and one certified copy of the newly amended record.

Enclosed is the fee of \$ \_\_\_\_\_ for an additional certified copy(ies) of the newly amended birth record.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Mailing Address of Applicant

\_\_\_\_\_  
Telephone Number ( )

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Email Address:

## GENERAL INFORMATION

1. The original certificate cannot be altered.
2. ***This amendment becomes a part of the original record, so please type or print clearly in black ink only.***
3. Please submit original amendment form only. Photocopies of the amendment form will be rejected.
4. Your certified copy will include a copy of the original certificate with a copy of the amendment.
5. **The certified copy of the certificate and the attached amendment must remain together for the certified copy to be valid.**

## READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

1. ***This form becomes a part of the original record – type or print clearly in black ink only.***
2. No erasures, whiteouts, photocopies, or alterations allowed.
3. Complete Part I, Items 1A – 6D, with the information as it appears on the current certificate.
4. Complete Part II, Items 7 – 11, with the court order information.
5. Enter the new name(s) in Items 12A – 12C EXACTLY as stated in the court order.
6. The applicant must sign in Item 13A, print his/her name in Item 13B, enter the date signed in Item 13C, and complete the address information in Items 13D – 13G.
7. Do not complete items 14 or 15. This space is reserved for State Registrar use only.
8. Make check or money order payable to CDPH - Vital Records. When all paperwork is properly completed and signed, mail the form, the required fee(s), and a certified copy of the court order to:

California Department of Public Health  
Vital Records - Amendments - MS 5105  
P.O. Box 997410  
Sacramento, CA 95899-7410



VS23-S2 112019