APPLICATION TO AMEND CERTIFICATE OF BIRTH

STATE OF TEXAS

NAME

Last
First
Middle

Mailing Address

Telephone #

City

State

Zip Code

Email Address

Signature:

PART I. ENTER INFORMATION AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE. IF THE CHILD'S NAME DOES NOT APPEAR ON BIRTH CERTIFICATE, ENTER "NOT SHOWN" IN THE FIRST ITEM. (Type or Print)

<table>
<thead>
<tr>
<th>1. FULL NAME OF CHILD</th>
<th>2. DATE OF BIRTH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. PLACE OF BIRTH</th>
<th>4. SEX</th>
<th>5. STATE FILE NO. (If known)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. FULL NAME OF FATHER</th>
<th>7. FULL MAIDEN NAME OF MOTHER</th>
</tr>
</thead>
</table>

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED. IF CORRECTING NAME, PLEASE IDENTIFY THE COMPLETE FIRST, MIDDLE, AND LAST NAME (Type or Print)

<table>
<thead>
<tr>
<th>8. LIST ITEM OR ITEM NO.</th>
<th>9. ENTRY ON ORIGINAL CERTIFICATE</th>
<th>10. CORRECT INFORMATION</th>
</tr>
</thead>
</table>

AFFIDAVIT OF OLDER RELATIVE

PART III. THIS SECTION MUST BE SIGNED BY THE ATTENDING PHYSICIAN, PARENTS, OR AN OLDER BLOOD RELATIVE. IF CHILD IS A MINOR, BOTH PARENTS MUST SIGN AFFIDAVIT. This section MUST be signed in the presence of a Notary Public.

STATE OF TEXAS

COUNTY OF

Before me on this day appeared

(Name)

now residing at

(Street Address)

(City)

(State)

who is related to the person named in Item 1 above as

and who on oath deposes and says that the birth certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.

Father/Legal Guardian

Sworn to and subscribed before me, this day of , 20

(Seal)

Signature

Mother/Legal Guardian/ Blood Relative, HIM Director

Signature

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City and State

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.503)

VS-170 REV. 07/2015
PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT. TYPES OF DOCUMENTS

A. ADDING INFORMATION
   [Items left blank on original certificate]
   [1] children 17 and under .................................................. Affidavit signed by both parents
   [2] adults, 18 and over ...................................................... Affidavit signed by legal parent

B. CORRECTIONS IN SPELLING
   [Names having the same sound] .......................................... Affidavit by parent(s) or older relative

C. FIRST OR MIDDLE NAME .................................................. Affidavit and one document (see 1 & 2 under A)

D. SIGNIFICANT CHANGE IN LAST NAME ................................. A certified court order

E. SEX .................................................................................... Affidavit by medical attendant or affidavit and one document.

NAME OF FATHER
[Refer to examples listed under name unless item is left blank]
   [1] To add information when item is left blank ................. A paternity determination (this form cannot be used to add father's name; contact Vital Statistics)

NOTE: IF THERE IS NOT AN OLDER RELATIVE, THE PERSON ON THE BIRTH RECORD CAN SIGN, IF ACCOMPANIED BY AN ACCEPTABLE DOCUMENT.

NOTE: FOREIGN DOCUMENTS, INCLUDING NOTARIES - MUST HAVE APOSTILLE OR LEGALIZATION

NOTE: IF THIS IS A HOSPITAL CORRECTION, THEN ONLY THE HIM DIRECTOR CAN SIGN THE AFFIDAVIT.

NOTE: ALL SUPPORTING DOCUMENTS MUST MATCH THE REQUESTED CORRECTION(S) EXACTLY.

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE CERTIFIED DOCUMENT MUST SHOW THE CORRECT INFORMATION AND HAVE ORIGINAL CERTIFICATION REGARDING THE ITEM(S) TO BE CORRECTED.

1. HOSPITAL RECORD AT BIRTH
2. BAPTISMAL CERTIFICATE
   Must be within first 5 years of life.
3. ELEMENTARY SCHOOL RECORD
   Must be signed by custodian of school records based on earliest attendance.
4. BIRTH CERTIFICATE OF REGISTRANT'S OLDER BROTHER OR SISTER
5. ARMED FORCES DISCHARGE PAPERS
6. NUMIDENT PRINTOUT from the Social Security Administration (SSA) issued by the SSA, Office of Privacy and Disclosure, 617 Altmeier Bldg., 6401 Security Blvd, Baltimore, MD 21235
7. THE PETITION FOR NATURALIZATION that includes the name change. Call the Immigration and Naturalization Service (ICE) at 800-376-5283 to obtain information on how to secure this document.
8. FEDERAL CENSUS
9. SCHOOL CENSUS
10. MARRIAGE RECORD OF PARENTS
   A copy of certificate, license, or application, whichever supplies the required facts. (limited use)
11. BIRTH CERTIFICATE(S) OF REGISTRANT'S PARENT(S)
12. DIVORCE DECREE (limited use)
13. JUDICIAL ACTIONS
   A certified copy of any court action affecting any information shown on the birth certificate.

EXPEDITED SERVICES:
Orders must be sent to the Texas Department of State Health Services via an overnight mail service such as: Fedex, Lone Star Overnight, or UPS.

ADDITIONAL $5 CHARGE FOR EXPEDITED REQUESTS.
$8 RETURN DELIVERY FOR LONESTAR (within Texas) OR FEDEX (outside of Texas)
$19.95 FOR P.O. BOX AND EXPRESS MAIL (optional)

MAILING ADDRESS FOR EXPEDITED SERVICE:
VITAL STATISTICS UNIT
1100 W. 49TH STREET
AUSTIN, TX 78756

NOTE: ALL OTHER ITEMS REQUIRING CORRECTION SHOULD BE REFERRED TO VITAL STATISTICS FOR INSTRUCTIONS ON DOCUMENTATION.
MAIL APPLICATION FOR
BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: DSHS - Vital Statistics. All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

<table>
<thead>
<tr>
<th>Birth Certificates</th>
<th>Cost X</th>
<th># of copies</th>
<th>Total</th>
<th>Death Certificates</th>
<th>Cost X</th>
<th># of copies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Size</td>
<td>$22</td>
<td></td>
<td></td>
<td>Certified Copy (1 copy)</td>
<td>$20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heirloom Flag</td>
<td>$60</td>
<td></td>
<td></td>
<td>Additional Copies</td>
<td>$3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Check or money order payable to DSHS)       Total (Check or money order payable to DSHS)

☐ I wish to make a voluntary contribution of $5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

<table>
<thead>
<tr>
<th>Full Name of Person on Record</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/Death</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>Place of Birth/Death</td>
<td>City or Town</td>
<td>County</td>
<td>State</td>
</tr>
<tr>
<td>Full Name of Parent 1</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Maiden Name/Last Name</td>
</tr>
<tr>
<td>Full Name of Parent 2</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Maiden Name/Last Name</td>
</tr>
</tbody>
</table>

APPLICANT INFORMATION (Part II)

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Telephone #</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Mailing Address</td>
<td>Street Address</td>
<td>City State Zip</td>
</tr>
<tr>
<td>Relationship to person listed above</td>
<td>Purpose for obtaining this record:</td>
<td></td>
</tr>
</tbody>
</table>

☐ I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving Copies, if Different from Applicant

Mailing Address for Copies, if Different from Applicant

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF __________________________ COUNTY OF __________________________ Before me on this day appeared __________________________

now residing at __________________________ (Address) __________________________ (City) __________________________ (State)

who is related to the person named on Part I as __________________________ and who on oath deposes and says that the contents of this affidavit are true and correct. __________________________ (Relationship)

The applicant presented the following type and number of identification:

Applicant Signature __________________________

Sworn to and subscribed before me, this ___ day of ___, 20__

Signature of Notary Public and Notary ID Number __________________________

Typed or Printed Name __________________________

Commission Expires __________________________

Street Address __________________________

City, State, Zip __________________________

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 196, SEC. 196.003.

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Texas Vital Records Department of State Health Services
P.O. Box 12040 Austin, TX 78711-2040

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