

DEPARTMENT OF HEALTH

## APPLICATION TO CORRECT OR AMEND A VERMONT BIRTH CERTIFICATE

### NAME ON BIRTH CERTIFICATE:

First Name	Middle Name	Last Name	Date of Birth
APPLICANT REQUI	ESTING CHANGE:		
First Name	Middle Name	Last Name	Date of Birth

# Applicant's relationship to person named on certificate:

SelfParent(s) or Guardian(s)Hospital in which the birth occurredCertifying Attendant

### Select One:

Correct or Complete a Birth Certificate within 6 months from date of birth as per 18 V.S.A. § 5073(a) \*Amend a Birth Certificate after 6 months from date of birth as per 18 V.S.A. § 5075(a)

\* Clearly state the reason for the amendment and list evidence provided:

- **Completions or changes to the child's name** <u>within 6 months</u> of the date of birth requires the signature of both parents if two parents are listed on the birth certificate.

- Completions or changes to the child's name more than 6 months after the date of birth requires a certified copy of a court order.

- To add the father/parent to the birth certificate, contact Vermont Department for Children and Families Office of Child Support at 800-786-3214, or on the web at: dcf.vermont.gov/child-support/parentage.

## **INFORMATION TO BE CORRECTED/AMENDED:**

List item to be corrected/amended	Error as it appears on certificate	What should it say on certificate?
EXAMPLE:		
Child's first name	John	Jonathan

# I request that the State Registrar prepare and file a corrected or amended certificate of birth.

Signature of applicant	Printed name	Date

Phone Number:

Email Address:

Signature of 2nd applicant (if required)

Printed name

Date

Mail application and supporting evidence (for amendments) to:

Vermont Department of Health Vital Records 108 Cherry Street, PO Box 70 Burlington, VT 05402