

# APPLICATION TO AMEND CERTIFICATE OF BIRTH

DATE RECEIVE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

REQUEST # - \_\_\_\_\_

DATE \_\_\_\_\_

Applicant's Name	First	Middle	Last
Mailing Address	Street		City/State
	Zip	Phone	Email
Applicant's Signature _____		Relationship to Certificate Holder _____	

**BIRTH CERTIFICATE INFORMATION (As Shown on Birth Certificate)**

Name	First	Middle	Last
Date of Birth	Month Date Year	County of Birth:	
Gender at Birth	Male or Female	Certificate Number ( if Known )	
Mother (Parent) (before marriage)	First	Middle	Last
Father ( Parent)	First	Middle	Last

**THIS SECTION IS FOR CORRECTIONS ONLY**

**CHANGES:** List the number beside the information to be corrected \* (Must provide two proofs with a date of 5 years or more)

Item # ____	As shown on Certificate
	True Facts
Item # ____	As shown on Certificate
	True Facts
Item # ____	As shown on Certificate
	True Facts

**OTHER SERVICES AND AMENDMENTS \* REQUIRES CERTIFIED COURT DOCUMENT**

\*THE FOLLOWING FORMS AND INSTRUCTIONS ARE ALSO ON OUR WEBSITE

* __ DELAYED DEATH	* __ PUTATIVE FATHER REGISTRY	* __ ADOPTION (INCLUDING FOREIGN BIRTHS)
* __ DELAYED BIRTH	* __ ACKNOWLEDGEMENT OF PATERNITY (AOP)	* __ CHANGE OF ANY ITEM W/O EVIDENCE DATED 5 YRS OR MORE
* __ DISINTERMENT	* __ RESCISSION AOP	* __ CHANGE OF GENDER (DUE TO SURGICAL PROCEDURE)
__ PUTATIVE FATHER SEARCH	__ BIRTH CORRECTION	* __ JUDGEMENT OF PATERNITY TO (REMOVE OR ADD PARENT)
__ CHANGE OF FIRST AND MIDDLE NAME BEFORE 1 <sup>ST</sup> YEAR		* __ CHANGE OF LAST NAMES (NOT DUE TO ERROR)
		* __ SURROGACY



ADH Vital Records  
 ATTN: Amendments Department  
 4815 West Markham Slot 44  
 Little Rock, Arkansas 72205  
 Phone: (501) 682-1214  
 Fax: (501) 661-2869  
 Website: healthy.arkansas.gov

**One certified copy of the amended certificate cost 27.00 and \$10.00 for each additional copy.**

\_\_\_\_\_ Number of Copies Requested  
 \_\_\_\_\_ Amount of Check or Money Order.