

**BIRTH CERTIFICATE AMENDMENT REQUEST FORM**

**Please note:** Completion of this form does not authorize the Office of Vital Records to amend or correct the birth certificate. This form is your official request for information on how to amend or correct a birth certificate. A separate amendment request form should be completed for each birth record you wish to amend.

**PART I – REQUESTER INFORMATION** *(PERSON COMPLETING THIS FORM)*

NAME OF REQUESTER: \_\_\_\_\_ DAYTIME PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHECK ONE)

☐ SELF ☐ MOTHER ☐ FATHER ☐ PARENT ONE ☐ PARENT TWO ☐ ADULT CHILD ☐ CURRENT SPOUSE ☐ ADULT SISTER ☐ ADULT BROTHER

☐ MATERNAL GRANDPARENT ☐ PATERNAL GRANDPARENT ☐ LEGAL GUARDIAN *(Submit custody paper)* ☐ OTHER *(Specify)* \_\_\_\_\_

I certify and affirm that all information on this form is true and correct.

SIGNATURE OF REQUESTER: \_\_\_\_\_

**UNSIGNED FORMS WILL NOT BE PROCESSED.**

**PART II - INFORMATION REQUESTED TO BE AMENDED ON THE BIRTH CERTIFICATE**

DESCRIPTION OF ITEM TO BE AMENDED <i>(see reverse of form)</i>	INCORRECT INFORMATION THAT APPEARS ON THE CURRENT BIRTH CERTIFICATE	CORRECTED INFORMATION AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE
<b>Example:</b> Registrant's name	<b>Example:</b> Sam Ray Wilson	<b>Example:</b> Samuel Ray Wilson

Please submit the completed **Birth Certificate Amendment Request Form** along with a copy of the birth certificate in order to receive instructions on how to make the requested amendment or correction. If no birth certificate can be provided, please complete and submit an Application for Certification for a Birth Record, the \$12.00 certification fee, and a copy of the requester's identification. The Application for Certification of a Vital Record can be obtained from our website at <https://www.vdh.virginia.gov/vital-records/applications-for-a-vital-record/>

**Send Completed Form To:**

Office of Vital Records  
Attn: Special Services  
P. O. Box 1000  
Richmond, VA 23218-1000

**Contact Information:**

(804) 662-6200  
[www.vdh.virginia.gov/vital-records/](http://www.vdh.virginia.gov/vital-records/)

## DESCRIPTION OF ITEM TO BE AMENDED

ITEM	DEFINITIONS
Registrant .....	The registrant is the person named on the certificate
Registrant's Date of Birth .....	Date registrant was born
Registrant's Place of Birth .....	City or county of registrant's birth
Maiden Name of Mother/Parent I* .....	Name of registrant's Mother/Parent I
Age of Mother/Parent I .....	Reported age of Mother/Parent I at the time of registrant's birth
Mother/Parent I Place of Birth .....	Mother/Parent I's state or country of birth
Name of Father/Parent II** .....	Name of registrant's Father/Parent II
Age of Father/Parent II .....	Reported age of Father/Parent II at the time of child's birth
Father/Parent II Place of Birth .....	Father/Parent II's state or country of birth

\*First parent listed on the birth certificate

\*\*Second parent listed on the birth certificate