

Please submit this application (VS-170), supporting document(s), and the statutory filing fee of \$15. To order a certified copy(s) of the amended record; you will need to complete the attached application (VS-142.3) and enclose the appropriate fees. Fees can be combined in one check or money order.

Submit your application and fee(s) to:
 VITAL STATISTICS UNIT
 DEPARTMENT OF STATE HEALTH SERVICES
 P.O. BOX 12040
 AUSTIN, TEXAS 78711-2040
 1-888-963-7111



APPLICATION TO AMEND CERTIFICATE OF BIRTH

STATE OF TEXAS	NO.
NAME _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>	
Mailing Address _____ Telephone # _____ <small style="text-align: right;">(8am-5pm)</small>	
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)

1. FULL NAME OF CHILD	2. DATE OF BIRTH
3. PLACE OF BIRTH	4. SEX
	5. STATE FILE NO. (If known)
6. FULL NAME OF FATHER	7. FULL MAIDEN NAME OF MOTHER

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)

8. LIST ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

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)
 _____, who is related to the person named in Item I above as _____ (State)

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.

Signature _____ Father/Legal Guardian Signature _____ Mother/Legal Guardian/ Blood Relative, HIM Director
 Sworn to and subscribed before me, this _____ day of _____, 20____

OFFICE USE ONLY	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. 195.003)
 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 by older relative
- 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.
Court Order required if change is a result of gender reassignment surgery.

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.

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| 1. HOSPITAL RECORD AT BIRTH | 6. NUMIDENT PRINTOUT from the Social Security Administration (SSA) issued by the SSA, Office of Privacy and Disclosure, 617 Altmeyer Bldg., 6401 Security Blvd, Baltimore, MD 21235 | 10. MARRIAGE RECORD OF PARENTS
A copy of certificate, license, or application, whichever supplies the required facts. (limited use) |
| 2. BAPTISMAL CERTIFICATE
Must be within first 5 years of life. | 7. THE PETITION FOR NATURALIZATION that includes the name change. Call the Immigration and Naturalization Service (ICE) at 800-375-5283 to obtain information on how to secure this document. | 11. BIRTH CERTIFICATE(S) OF REGISTRANT'S PARENT(S) |
| 3. ELEMENTARY SCHOOL RECORD
Must be signed by custodian of school records based on earliest attendance. | 8. FEDERAL CENSUS | 12. DIVORCE DECREE (limited use) |
| 4. BIRTH CERTIFICATE OF REGISTRANT'S OLDER BROTHER OR SISTER | 9. SCHOOL CENSUS | 13. JUDICIAL ACTIONS
A certified copy of any court action affecting any information shown on the birth certificate. |
| 5. ARMED FORCES DISCHARGE PAPERS | | |

EXPEDITED SERVICES:

Orders must be sent to the Texas Department of State Health Services via an overnight mail service such as: Fedex, Lorie 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.