



**State of Florida  
Department of Health Bureau of Vital Statistics**

**AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH**

Registrant's Full Name		State File Number 109 -	
Date of Birth (Month/Day/Year)	Place of Birth/City or Town	County	State <b>FLORIDA</b>
<b>ITEM OMITTED OR IN ERROR</b>	<b>BIRTH CERTIFICATE SHOWS</b>	<b>SHOULD BE</b>	

I hereby declare under oath that the above statements are true and correct. \_\_\_\_\_ (Signature of Affiant)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public  
*Stamp Commissioned Name of Notary Public*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

I hereby declare under oath that the above statements are true and correct. \_\_\_\_\_ (Signature of Affiant)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public  
*Stamp Commissioned Name of Notary Public*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## INFORMATION AND INSTRUCTIONS FOR AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH

Any person who willfully and knowingly makes any false statement in a certificate, record, or report required by Chapter 382, Florida Statutes, or in an application for an amendment thereof, commits a felony of the third degree, punishable as provided in s. 775.084, Florida Statutes.

- 1) Complete only the upper half of the affidavit. This affidavit will be linked to the original birth certificate thus becoming part of the birth record. Therefore, when completing, please print clearly.
  - a) **Registrant's Full Name:** Enter the registrant's name (person named on birth record) as it should appear.
  - b) **State File Number:** Enter if known, otherwise, leave blank.
  - c) **Date of Birth;** Enter registrant's correct date of birth
  - d) **Place of Birth:** Enter registrant's city or town of birth.
  - e) **County [of Birth]:** Enter registrant's county of birth if known, otherwise, leave blank
  - f) **ITEM OMITTED OR IN ERROR:** List the item(s) in error. "Child's Full Name", "Mother's/Parent's Name", "Father's/Parent's Name", "Child's Date of Birth", "Mother's Date of Birth", "Father's Date of Birth", etc.
  - g) **BIRTH CERTIFICATE SHOWS:** Enter the information as currently shown on the birth certificate.
  - h) **SHOULD BE:** Enter the correct information.
- 2) Who **MUST** sign the affidavit in the presence of a notary public?
  - a) If registrant is under the age of 18, a parent listed on the birth certificate or legal guardian **MUST** sign.
    - (a) If the **name of the registrant** is to be changed, the parent(s) as listed or legal guardian(s) **MUST** sign.
  - b) If the registrant is 18 years or older, registrant **MUST** sign.

**AFFIDAVIT IS NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.**

If assistance is needed, contact the Correction unit at (904) 359-6900, ext. 9005

### **MAIL THIS AFFIDAVIT AND APPLICATION (DH 429) WITH PAYMENT TO:**

**DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
ATTN: CORRECTION UNIT  
P.O. BOX 210,  
JACKSONVILLE, FL 32231-0042**

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

**PLEASE VISIT OUR WEBSITE:**

[www.floridahealth.gov/certificates](http://www.floridahealth.gov/certificates)