

Location: 500 Indiana Avenue, NW Room 4220 4th Floor

Washington, DC 20001

PLEASE PRINT

Application to Amend Birth Certificate of a Minor

Filing Fee: \$60 (To DC Treasure	r) Payabl	e by Cash, Check	or Money Order	in the Family Co	urt located on the JM Level
Minor's Full Name (As it appears on the Birth Certificate)	First		Middle	Last	
Date of Birth	Month			Sex Male	Female
Place of Birth	City	State		Were parents n	narried at time of birth? No
Full Name of Mother (As it appears on the Birth Certificate)	First		Middle	Last	
Maiden Name of Mother					
Full Name of Father (As it appears on the Birth Certificate)	First		Middle	Last	
Birth Certificate Number: _					
Is the mother/ father Decea	sed?	Yes No_			
				Deceased	Full Name
Check all boxes that apply		Relations	hip to the Mir	nor's name on t	the Birth Certificate:
Add Minor's Name		Self			agent, attorney or legal
Correct Spelling of Minor's Nar	ne	Guardian/	Next Friend	representati (Proof Req	ve of the person listed
Never Used Name on Birth Cer	tificate	Father		•	
Amend Minor's Name to Reflect Father's Name	et	Mother			
Remove a Mother's Name		Applicant 1	:		
Add a Mother's Name		Full Name of App	plicant		
Correct the Spelling of Mother's	s Name	Address			
Correct Mother's Date of Birth		Address			
Correct Mother's Place of Birth		To be about a November	h		
Remove a Father's Name		Telephone Numb	D e r		
Add a Father's Name		Applicant 2	2:		
Correct the Spelling of Father's	Name	Full Name of App	plicant		
Correct Father's Place of Birth			· 		
Correct Father's Date of Birth		Address			
Correct Fairlet & Bate of Birth					
Other:		Telephone Numb			

Item's on the Original Birth Certific	ate to be Corrected and/or Amended
Original Entry on Birth Certificate	To Be Corrected Information
·	

Check all of the Supp	porting Documents
Rejection Letter From Division of Vital Records	Marriage Certificate
Identification	Divorce Decree
Minor's Birth Certificate	Baptism Certificate
Minor's Social Security Card	Copy of Hospital Birth Record Form
Minor's Shot Record	Child Support Order
Mother's Birth Certificate	DD214 Military Record
Father's Birth Certificate	Social Security Summary Statement
Elementary School Transcript	Voter's Registration Card (If Applicable)
Voluntary Acknowledgment of Paternity	Employer Verification Showing Name
Certified DNA Test (No Home Kit Accepted)	Hired Under
Death Certificate	3-5 Years of Tax Records
Existing Child Support Order From:	Jurisdiction
Other:	

Information Relating to Birth Certificate Amendment		
Do you want the father's name added to the child's birth certificate?	Yes	No
Do you want to change the child's name on the birth certificate when you add the father's name?	Yes	No
Was the mother married to anyone at the time of the child's birth, or within 300 days before the child's birth?	Yes	No
Have the father and mother married since the child was born? If Yes, include a certified copy of the marriage certificate.	Yes	No
Has an individual ever claimed to be the father of this child in any court? If Yes, include a certified copy of the court order.	Yes	No
Has the child support court or any other type of court ever declared an individual to be the father of this child? If Yes, include a certified copy of the court order.	Yes	No
Has a court established legal custody for this child? If Yes, include a certified copy of the court order.	Yes	No

THE APPLICANT HEREBY CERTIFIES THAT (1) THIS APPLICATION HAS NOT BEEN FILED FOR ANY FRAUDULENT OR UNDISCLOSED PURPOSE, STATUS, PAST OR PRESENT AND (2) THE GRANTING OF THE APPLICATION WILL NOT INFRINGE UPON THE RIGHTS OF OTHERS RELATING TO ANY PARTNERSHIP, CORPORATION, PATENT, TRADEMARK, COPYRIGHT, GOODWILL, PRIVACY OR OTHERWISE.

I declare under penalty of perjutrue and correct.	iry under the law of	the District of Columbia that the foregoing is
Executed on this the	Day of	, 20
Signature of Applicant 1		
Signature of Applicant 2		
	OR	
Sworn to and subscribed before r	ne on this Da	ay of
Signature of Notary Public		
Commission Expires		
Deputy Clerk Signature		
& Sec. 11-291/ Particular Actions, P	roceedings & Matters/ \$	e, Chapter 28, Vital Records/ D.C. Code Sec. 16-2345 Sec. 16-909, Sec. 16-909.01, Sec. 16-909.02, Sec. 16- Sec. 16-2343, Sec. 16-2345, Sec. 16-2346

REVISED - ABC-June 19, 2014



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Affidavit Concerning Petition to Amend Fath	er's Name on Birth Certificate
Minor's Full Name	
(As it appears on the Birth Certificate) First Middle	Last
Case Number	
Date of Birth	
Birth Certificate Number	
I	, (Applicant's Full Name) am
seeking to amend the above-named minor's birth certificate	e by changing the name of the father.
Relationship to The Minor's Name on The Birth Certificat	te (Check The Appropriate Box(es))
Self Father Mother Guardian/ Next	Friend Attorney
Other:	
Please Answer the Following	Inquiries:
1. The reason for the amendment to the birth certificate is:	
	_
Has the biological father mother or the alleged farequest to amend the minor's birth certificate?	
If no , please provide an explanation:	
3. Is there or has there been a Child Support Order in any YES NO	State or the District of Columbia?
Who is the named father:	
If yes , please indicate which State and the case number	r:
State: Case Num	ber:

4. Have you met the statutory time period for rescinding the Voluntary Acknowledgment of Paternity pursuant to the jurisdiction it was executed? YES NO

Continued		
5. Has there been a Voluntary Acknowledgment of Paternity form comboth parents under oath? YES NO	mpleted a	and signed by
If yes, please select the appropriate box:		
Division of Vital Records, Department of Health		
Hospital		
Name of the Hospital Office of Attorney General		
•		
Any State Court		
Other		
Name of the acknowledged father:		
Date the Acknowledgment of Paternity was signed:		
6. Has there been an Adjudication of Paternity signed by a father in a Columbia? YES NO	ny State	or the District of
If yes , please indicate which State or the District of Columbia was the Judge's name and case number	e Order s	igned, the
Name of the adjudicated father:		
State:		
District of Columbia Family Court		
Judge's name:		
Case number:		
7. Was a DNA test performed to identify the biological father? YES If yes ,	NO	
Was the DNA test performed at the hospital?	YES	NO
Was the DNA test certified by a reputable lab?	YES	NO
What is the name of the DNA testing lab used?		
Was the DNA test performed through a home kit product?	YES	NO
Was the DNA test performed through the court's lab?	YES	NO

THE APPLICANT HEREBY CERTIFIES THAT (1) THIS APPLICATION HAS NOT BEEN FILED FOR ANY FRAUDULENT OR UNDISCLOSED PURPOSE, STATUS, PAST OR PRESENT AND (2) THE GRANTING OF THE APPLICATION WILL NOT INFRINGE UPON THE RIGHTS OF OTHERS RELATING TO ANY PARTNERSHIP, CORPORATION, PATENT, TRADEMARK, COPYRIGHT, GOODWILL, PRIVACY OR OTHERWISE.

I declare under penalty of perjury under the I true and correct.	aw of the District	of Columbia that the foregoing is
Executed on this the Day of _		, 20
4 5 11 8		
Applicant's Signature		
	OR	
Sworn to and subscribed before me on this	Day of	
Signature of Notary Public		
Commission Expires		
Deputy Clerk Signature		

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Consent to the Request to Amend Birth Certificate	
Minor's Full Name (As it appears on the Birth Certificate) First Middle Last	
Case Number	
Date of Birth	
Birth Certificate Number	
I,, say upon oath tha Print Full Name	it I am the:
Father Mother Guardian/ Next Friend Attorney Other:	
of the above-captioned and that the allegations contained in said Application are true to of my knowledge, and that this Application to Amend Birth Certificate is presented in go and that I have no opposition to this Application and hereby consent to the request to a minor's and/or adult's birth certificate.	ood faith,
Signatura	
Signature	
Address:	
Telephone Number:	
Notary Public/Deputy Clerk	
Commission Expires:	

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Order A	Amending Certificate	of Birth
Minor's Full Name (As it appears on the Birth Certificate) First	Middle	Last
Case Number	Wildele	2431
Certificate Number		
	Certificate of Paternity	
Mother's Name:	Certificate of Faterrity	
Mother's Date of Birth:		
Mother's Place of Birth:		
Mother's Address:		
Mother's SSN:		
Mother's Education:		
Mother's Race:		
Father's Name:		
Father's Date of Birth:		
Father's Place of Birth:		
Father's Address:		
Γ=		
Father's SSN:		
Father's Education:		
Father's Race:		
Upon consideration of the sworn Petition	on to Amend the Birth Certific	cate filed herein by
the attachments in support there of. Th	at the Petitioner(s) filed an a	application with the Registrar of Vital
Records of the District of Columbia for	an Amended Certificate of B	Birth for
	born on	
It is hereby on the day of	20	_, hereby

Continued

Ordered, that the Amended Birth Certificate reflect the following amendments and\ or corrections: (CHECK ALL THAT APPLY)

Add a Minor's Name	
Child's Full Name (Correct or Amend) From:	To:
Date of Birth From:	To:
Change the Child's Last Name to Reflect the F	
Mother's Full Name (Correct or Amend) From:	To:
Mother's Date of Birth (Correct or Amend) From:	
Mother's Place of Birth (Correct or Amend) From:	To:
Mother's Maiden Name (Correct or Amend) From:	To:
Removal of the Mothers Name Date of Birth: Name:	
Add Mother's Name Date of Birth: Name:	
Father's Full Name (Correct or Amend) From:	To:
Father's Date of Birth (Correct or Amend) From:	То:

Continued
Father's Place of Birth (Correct or Amend)
From: To:
Removal of the Father's Name
Date of Birth:
Name:
Add Father's Name
Date of Birth:
Name:
Change of Gender
From: To:
Ordered, that in all other respects said Birth Certificate of the above-named individual shall remain in full force and effect; and it is further
Ordered, that the Bureau of Vital Statistics is directed to make these changes and issue an Amended Birth Certificate in accordance with their requirements reflecting the proper amendments and/ or corrections
Judge's Signature
Print Judge's Name

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