

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
DOMESTIC RELATIONS BRANCH**

In the matter of	:	
	:	Docket No. 2022 BCN 260
	:	
YARIHANNY A. SALAMANCA,	:	
Applicant	:	Judge Darlene M. Soltys
	:	

ORDER TO SERVE BY POSTING
AND NOTICE OF APPLICATION TO AMEND BIRTH CERTIFICATE OF A MINOR
TO SEAN ANDREW CONLEY

This case is before the Court upon consideration of Ms. Salamanca’s (“Applicant”) Application to Amend Birth Certificate of a Minor, filed October 28, 2022, on behalf of the minor child, Harumy Leticia Salamanca Arias, born on June 26, 2013. The Application seeks to amend the minor child’s birth certificate to change the mother’s name from Dora Leticia Arias Salamanca to **YARIHANNY A. SALAMANCA ARIAS**, the mother’s date of birth to July 29, 1982, and remove the listed father from the birth certificate.

The Applicant appeared before Judge Jennifer A. Di Toro *pro se* via WebEx on December 8, 2022, for a hearing on the Application to Amend Birth Certificate of a Minor. The subject minor child’s biological father, Sean Andrew Conley, has failed to file an answer as he has not been served with notice of the instant litigation, to which he is an interested party. Applicant does not know Mr. Conley’s current whereabouts to enable her to properly serve him and give him notice of the above-captioned court proceeding in which he is an interested party. Applicant testified that she has not had contact with Mr. Conley or any of his acquaintances or relatives since the minor child’s birth in 2013.

Before an Order allowing Service by Publication or Posting may be issued, the plaintiff must furnish the Court with the following:

(1) the time and place at which the parties last resided together; (2) the last time the parties were in contact with each other; (3) the name and address of the last employer of the Defendant either during the time the parties resided together or at a later time if known to the Plaintiff; (4) the names and addresses of those relatives known to be close to the Defendant; and (5) any other information which could furnish a fruitful basis for further inquiry by one truly bent on learning the present whereabouts of the Defendant. From such basic information, the Plaintiff should then detail for the Court the particular efforts which have been made in the effort to ascertain the Defendant's present address. *Bearstop v. Bearstop*, 377 A.2d 405, 408 (D.C. 1977).

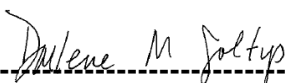
Based on Applicant's testimony, the Court found that Applicant's efforts to serve Mr. Conley would be futile. She testified, and the Court credited, that neither she nor Mr. Conley had relatives or friends in common with whom they are in contact, and that the parties have not spoken since 2013.

Accordingly, it is this 3rd day of January, 2023, hereby

ORDERED that this Order and a copy of the Application to Amend Birth Certificate of a Minor shall be posted in the Clerk's Office of the Family Division of the Superior Court of the District of Columbia for a period of twenty-one (21) calendar days from the date of this Order in order to serve Mr. Conley and notify him of the present case in which he is an interested party. It is further

ORDERED that the parties appear for a default hearing on the Application to Amend Birth Certificate of a Minor on **Thursday, January 26, 2023, at 10:30 a.m. in Courtroom JM-12** via Webex. Failure of the interested party to appear may result in the entry of a judgment by default.

SO ORDERED.



Judge Darlene M. Soltys
Deputy Presiding Judge, Family Court
Signed in Chambers

Copies to:

Yarihanny A. Salamanca
Applicant
Via USPS and Email

Sean Andrew Conley
By posting
Interested Party

INSTRUCTIONS FOR CONNECTING TO WEBEX – COURTROOM JM-12

Laptop/Desktop Users (1):

METHOD 1:

1. Open a Web Browser (preferably Google Chrome), click on and copy and paste <https://dccourts.webex.com/meet/ctbjm12>
2. Click Join Meeting and make sure your microphone is muted and your video is unmuted (if you need to be seen). If you only need to speak and do not need to be seen use the audio only option.
3. When you are ready click “Join Meeting”. You will be placed in the lobby until the clerk is ready for you to join the hearing.

Laptop/Desktop Users (2):

METHOD 2:

1. Open a Web Browser (preferably Google Chrome), click on or copy and paste <https://dccourts.webex.com> and enter the meeting ID: 129 960 4144
2. Click Join Meeting and make sure your microphone is muted and your video is unmuted (if you need to be seen). If you only need to speak and do not need to be seen use the audio only option.
3. When you are ready click “Join Meeting”. You will be placed in the lobby until the clerk is ready for you to join the hearing.

Smartphone/Tablets or iPads:

METHOD 3:

1. Go to App Store, Download WebEx App (Cisco WebEx Meetings),
2. Sign into the App with your Name and Email Address
3. Select Join Meeting
4. Enter <https://dccourts.webex.com/meet/ctbjm12>
5. Click Join and make sure your microphone is muted and your video is unmuted (if you need to be seen). If you only need to speak and do not need to be seen use the audio only option.
6. When you are ready click “Join Meeting”. If the host has not yet started the meeting you will be placed in the lobby until the meeting begins.

Issues with Sound

If you are using your computer for sound and can't hear, or can't be heard, or the sound quality is bad then you should let the Clerk or Judge know that you are going to dial in by phone. Then disconnect from the WebEx hearing and use the dial in by phone **Method 4 below.**

Dial-in by Phone:

METHOD 4:

1. Dial 202-860-2110 or 844-992-4726
2. Enter 129 960 4144 followed by “##”.

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
DOMESTIC RELATIONS BRANCH**

In the matter of	:	
	:	Docket No. 2022 BCN 260
	:	
YARIHANNY A. SALAMANCA,	:	
Applicant	:	Judge Darlene M. Soltys

ORDER CONTINUING MATTER

The above-captioned matter was scheduled to come before the court on January 5, 2023, at 10:30am before Judge Jennifer A. Di Toro. Due to lack of service on the minor child's father, the court must continue the above-captioned matter.

Wherefore, it is this 3rd day of January, 2023, hereby

ORDERED, that the matter shall be **CONTINUED**. The parties shall appear for a default hearing before Judge Di Toro on **Thursday, January 26, 2023, at 10:30 a.m. in Courtroom JM-12 via WebEx¹**. Failure to appear may result in a default or dismissal.

IT IS SO ORDERED.



Judge Darlene M. Soltys
Deputy Presiding Judge, Family Court
Signed in Chambers

Copies to:

Yarihanny A. Salamanca
Applicant
Via USPS and Email

Sean Andrew Conley
By posting
Interested Party

¹ Instructions for accessing the virtual court room are attached

INSTRUCTIONS FOR CONNECTING TO WEBEX – COURTROOM JM-12

Laptop/Desktop Users (1):

METHOD 1:

1. Open a Web Browser (preferably Google Chrome), click on and copy and paste <https://dccourts.webex.com/meet/ctbjm12>
2. Click Join Meeting and make sure your microphone is muted and your video is unmuted (if you need to be seen). If you only need to speak and do not need to be seen use the audio only option.
3. When you are ready click “Join Meeting”. You will be placed in the lobby until the clerk is ready for you to join the hearing.

Laptop/Desktop Users (2):

METHOD 2:

1. Open a Web Browser (preferably Google Chrome), click on or copy and paste <https://dccourts.webex.com> and enter the meeting ID: 129 960 4144
2. Click Join Meeting and make sure your microphone is muted and your video is unmuted (if you need to be seen). If you only need to speak and do not need to be seen use the audio only option.
3. When you are ready click “Join Meeting”. You will be placed in the lobby until the clerk is ready for you to join the hearing.

Smartphone/Tablets or iPads:

METHOD 3:

1. Go to App Store, Download WebEx App (Cisco WebEx Meetings),
2. Sign into the App with your Name and Email Address
3. Select Join Meeting
4. Enter <https://dccourts.webex.com/meet/ctbjm12>
5. Click Join and make sure your microphone is muted and your video is unmuted (if you need to be seen). If you only need to speak and do not need to be seen use the audio only option.
6. When you are ready click “Join Meeting”. If the host has not yet started the meeting you will be placed in the lobby until the meeting begins.

Issues with Sound

If you are using your computer for sound and can't hear, or can't be heard, or the sound quality is bad then you should let the Clerk or Judge know that you are going to dial in by phone. Then disconnect from the WebEx hearing and use the dial in by phone **Method 4 below.**

Dial-in by Phone:

METHOD 4:

1. Dial 202-860-2110 or 844-992-4726
2. Enter 129 960 4144 followed by “###”.



Superior Court of The District of Columbia
Family Court

Location: 500 Indiana Avenue, NW
Room 4220 4th Floor
Washington, DC 20001

PLEASE PRINT

Application to Amend Birth Certificate of a Minor 2022 BCN00026

Filing Fee: \$60 (To DC Treasurer) Payable by Cash, Check or Money Order in the **Family Court** located on the **JM Level**

Minor's Full Name (As it appears on the Birth Certificate)	Harumy <i>First</i>	Leticia <i>Middle</i>	Salamanca <i>Last</i>
Date of Birth	06 <i>Month</i>	26 <i>Day</i>	2013 <i>Year</i>
Place of Birth	Washington, D.C. <i>City State</i>		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Mother (As it appears on the Birth Certificate)	Dora <i>First</i>	Leticia <i>Middle</i>	Arias Salamanca <i>Last</i>
Maiden Name of Mother	_____		
Full Name of Father (As it appears on the Birth Certificate)	Jose <i>First</i>	Alejandro <i>Middle</i>	Salamanca <i>Last</i>
Birth Certificate Number:	_____		
Is the mother/ father Deceased?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ <i>Deceased Full Name</i>		

EC-10-22 OCT 28 PM 12:24 OCT

CUSTOMER MUST COMPLETE

Check all boxes that apply	Relationship to the Minor's name on the Birth Certificate:
<input type="checkbox"/> Add Minor's Name <input type="checkbox"/> Correct Spelling of Minor's Name <input type="checkbox"/> Never Used Name on Birth Certificate <input type="checkbox"/> Amend Minor's Name to Reflect Father's Name <input checked="" type="checkbox"/> Remove a Mother's Name <input checked="" type="checkbox"/> Add a Mother's Name <input type="checkbox"/> Correct the Spelling of Mother's Name <input checked="" type="checkbox"/> Correct Mother's Date of Birth <input type="checkbox"/> Correct Mother's Place of Birth <input checked="" type="checkbox"/> Remove a Father's Name <input type="checkbox"/> Add a Father's Name <input type="checkbox"/> Correct the Spelling of Father's Name <input type="checkbox"/> Correct Father's Place of Birth <input type="checkbox"/> Correct Father's Date of Birth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Self <input type="checkbox"/> Guardian/ Next Friend <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed (Proof Required) <input type="checkbox"/> Other: _____
	Applicant 1: Yarihanny A. Salamanca <i>Full Name of Applicant</i> 1326 Harvard Street NW <i>Address</i> Washington, D.C (202)538-1697 <i>Telephone Number</i>
	Applicant 2: _____ <i>Full Name of Applicant</i> _____ <i>Address</i> _____ _____ <i>Telephone Number</i>

Items on the Original Birth Certificate to be Corrected and/or Amended

Original Entry on Birth Certificate	To Be Corrected Information

Check all of the Supporting Documents

- | | |
|--|---|
| <input type="checkbox"/> Rejection Letter From Division of Vital Records | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Identification | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Minor's Birth Certificate | <input type="checkbox"/> Baptism Certificate |
| <input type="checkbox"/> Minor's Social Security Card | <input type="checkbox"/> Copy of Hospital Birth Record Form |
| <input type="checkbox"/> Minor's Shot Record | <input type="checkbox"/> Child Support Order |
| <input type="checkbox"/> Mother's Birth Certificate | <input type="checkbox"/> DD214 Military Record |
| <input type="checkbox"/> Father's Birth Certificate | <input type="checkbox"/> Social Security Summary Statement |
| <input type="checkbox"/> Elementary School Transcript | <input type="checkbox"/> Voter's Registration Card (If Applicable) |
| <input type="checkbox"/> Voluntary Acknowledgment of Paternity | <input type="checkbox"/> Employer Verification Showing Name Hired Under |
| <input type="checkbox"/> Certified DNA Test (No Home Kit Accepted) | <input type="checkbox"/> 3-5 Years of Tax Records |
| <input type="checkbox"/> Death Certificate | |
| <input type="checkbox"/> Existing Child Support Order From: _____ Jurisdiction | |
| <input type="checkbox"/> 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? Yes No
If Yes, include a certified copy of the marriage certificate.
-
- Has an individual ever claimed to be the father of this child in any court? Yes No
If Yes, include a certified copy of the court order.
-
- Has the child support court or any other type of court ever declared an individual to be the father of this child? Yes No
If Yes, include a certified copy of the court order.
-
- Has a court established legal custody for this child? Yes No
If Yes, include a certified copy of the court order.

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 law of the District of Columbia that the foregoing is true and correct.

Executed on this the 27th Day of October, 2022.



Signature of Applicant 1

Signature of Applicant 2

OR

Sworn to and subscribed before me on this _____ Day of _____

Signature of Notary Public

Commission Expires

Deputy Clerk Signature

Code of D.C. Municipal Regulations. Title 29/ Public Welfare, Chapter 28, Vital Records/ D.C. Code Sec. 16-2345 & Sec. 11-291/ Particular Actions, Proceedings & Matters/ Sec. 16-909, Sec. 16-909.01, Sec. 16-909.02, Sec. 16-909.03, Sec. 16-909.04, Sec. 16-2342.01, Sec. 16-909.09, Sec. 16-2343, Sec. 16-2345, Sec. 16-2346



Superior Court of The District of Columbia
Family Court

Location: 500 Indiana Avenue, NW
Room 4220 4th Floor
Washington, DC 20001

Affidavit Concerning Petition to Amend Father's Name on Birth Certificate

Minor's Full Name Harumy Leticia Salamanca Arias
(As it appears on the Birth Certificate) First Middle Last
Case Number 2022 BCN 000260
Date of Birth 06/26/2013
Birth Certificate Number _____

I, Yarihanny A. Salamanca, (Applicant's Full Name) am seeking to amend the above-named minor's birth certificate by changing the name of the father.

Relationship to The Minor's Name on The Birth Certificate (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:
The Misunderstanding at Hospital when child was born.

2. Has the biological father mother or the alleged father been advised of the pending request to amend the minor's birth certificate? YES NO
If no, please provide an explanation:
Yes, I wanted the father to be involved, but he always disappears and was told that he could help but, needed my name on the certificate and not my parents.

3. Is there or has there been a Child Support Order in any State or the District of Columbia?
 YES NO
Who is the named father: _____
If yes, please indicate which State and the case number:
State: _____ Case Number: _____

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

5. Has there been a **Voluntary Acknowledgment of Paternity** form completed and signed by both parents under oath? YES NO

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 _____
Name of Jurisdiction

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 any State or the District of Columbia? YES NO

If **yes**, please indicate which State or the District of Columbia was the Order signed, the Judge's name and case number

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 NO

If **yes**,

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 law of the District of Columbia that the foregoing is true and correct.

Executed on this the 11th 27th Day of October, 2022.



Applicant's Signature

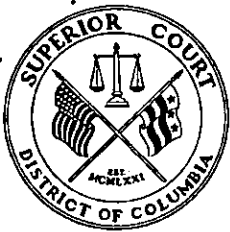
OR

Sworn to and subscribed before me on this _____ Day of _____

Signature of Notary Public

Commission Expires

Deputy Clerk Signature



Superior Court of The District of Columbia
Family Court

Location: 500 Indiana Avenue, NW
Room 4220 4th Floor
Washington, DC 20001

Consent to the Request to Amend Birth Certificate

Minor's Full Name Harumy Leticia Salamanca Arias
(As it appears on the Birth Certificate) *First Middle Last*

Case Number 2022 BCN 000240

Date of Birth 06/26/2013

Birth Certificate Number 108-2013-006489

I, Yarihanny A. Salamanca, say upon oath that I am the:
Print Full Name

- Father Mother Guardian/ Next Friend Attorney
 Other: _____

of the above-captioned and that the allegations contained in said Application are true to the best of my knowledge, and that this Application to Amend Birth Certificate is presented in good faith, and that I have no opposition to this Application and hereby consent to the request to amend the minor's and/or adult's birth certificate.

Signature _____
Address: _____
Telephone Number: _____
Notary Public/Deputy Clerk _____
Commission Expires: _____



Superior Court of The District of Columbia
Family Court

Location: 500 Indiana Avenue, NW
Room 4220 4th Floor
Washington, DC 20001

Order Amending Certificate of Birth

Minor's Full Name Harumy Leticia Salamanca Arias
(As it appears on the Birth Certificate) First Middle Last

Case Number 2022 BCN 000260

Certificate Number 108-2013-006489

Certificate of Paternity:

Mother's Name: Yarihanny A. Salamanca Arias

Mother's Date of Birth: 07/29/1982

Mother's Place of Birth: Mexico City

Mother's Address: 1326 Harvard Street NW Washington, D.C. 20009

Mother's SSN: 579-19-7137

Mother's Education: Ba Science, Nursing AAS, Certified Intrepreter

Mother's Race: Hispanic

Father's Name: _____

Father's Date of Birth: _____

Father's Place of Birth: _____

Father's Address: _____

Father's SSN: _____

Father's Education: _____

Father's Race: _____

Upon consideration of the sworn Petition to Amend the Birth Certificate filed herein by _____

the attachments in support there of. That the Petitioner(s) filed an application with the Registrar of Vital Records of the District of Columbia for an Amended Certificate of Birth for _____

born on _____

It is hereby on the _____ day of _____, 20____, hereby

**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 Father's Last Name

From: _____ To: _____

Mother's Full Name (Correct or Amend)

From: Dora L. Arias To: Yarihanny A. Salamanca Arias

Mother's Date of Birth (Correct or Amend)

From: 10/22/1957 To: 07/29/1982

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: _____ To: _____

Father's Place of Birth (Correct or Amend)

From: _____ To: _____

Removal of the Father's Name

Date of Birth: 05/20/1960

Name: Jose Alejandro Salamanca Calix

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 _____



AMENDMENT TO BIRTH RECORD (ONE PARENT)
Center for Policy Planning and Evaluation
Vital Records Division

TODAY'S DATE: 10/11/2022

AFFIDAVIT NUMBER:

CERTIFICATE NUMBER:

CERTIFICATE FEE: \$23x QUANTITY REQUESTED =\$0 + AMENDMENT FEE: \$23

TOTAL PAYMENT SUBMITTED = \$23 *** QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE

UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD [checked] CHECK/MONEY ORDER []

NAME ON BIRTH RECORD: Harumy Leticia Salamanca Arias

DATE OF BIRTH: 06/26/2013

DESCRIPTION OF AMENDMENT: I want correct the name on my child's birth certificate , there was a misunderstanding and my parent's name where added instead of my

SUPPORTING DOCUMENTATION PROVIDED TO SUPPORT AMENDMENT TO RECORD:

I hereby certify and affirm that I as the applicant or as either a member of the immediate family (mother, father, brother, and sister), guardian or legal representative have entitlement to make the above additions/corrections to the birth record referenced above. A fine of not more than \$12,500, or imprisonment of not more than 2 years, or both, for each occurrence shall be imposed on: Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information required by this act, in connection with:

- (A) A report;
(B) A request to amend or correct a vital record, including any associated evidence
(C) request for a certified copy or verification of a vital record;
(D) A request for access to information in vital records; or
(E) A request for creation of a vital record, including delayed records.

Name:

Email Address:

Phone Number

Signature:

Relationship:

Current Address:

Accepted for filing by:

Date Accepted:

Do not Sign this form until you get in front of a Notary Public. This application will only be accepted if your signature can be authenticated by the Notary Public

Signature: _____

Relationship: _____

Sworn to subscribed by the information in the presence on the _____ day of _____ in the year _____.

Notary Public



AMENDMENT TO BIRTH RECORD (TWO PARENT)

Center for Policy Planning and Evaluation
Vital Records Division

TODAY'S DATE:

AFFIDAVIT NUMBER:

CERTIFICATE NUMBER:

CERTIFICATE FEE: \$ 23 x QUANTITY REQUESTED = \$ 0 + AMENDMENT FEE: \$ 23

TOTAL PAYMENT SUBMITTED = \$ 23 *** QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE

UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD CHECK/MONEY ORDER

NAME ON BIRTH RECORD:

DATE OF BIRTH:

DESCRIPTION OF AMENDMENT:

SUPPORTING DOCUMENTATION PROVIDED TO SUPPORT AMENDMENT TO RECORD:

I hereby certify and affirm that I as the applicant or as either a member of the immediate family (mother, father, brother, and sister), guardian or legal representative have entitlement to make the above additions/corrections to the birth record referenced above. A fine of not more than \$12,500, or imprisonment of not more than 2 years, or both, for each occurrence shall be imposed on: Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information required by this act, in connection with:

- (A) A report;
- (B) A request to amend or correct a vital record, including any associated evidence
- (C) request for a certified copy or verification of a vital record;
- (D) A request for access to information in vital records; or
- (E) A request for creation of a vital record, including delayed records.

Name:

Relationship:

Current Address:

Email Address:

Phone Number:

Signature:

Accepted for filing by:

Date Accepted:

Do not Sign this form until you get in front of a Notary Public. This application will only be accepted if your signature can be authenticated by the Notary Public

Signature: _____

Relationship: _____

Sworn to subscribed by the information in the presence on the _____ day of _____ in the year _____.

Notary Public

Signature: _____

Relationship: _____

Sworn to subscribed by the information in the presence on the _____ day of _____ in the year _____.

Notary Public



AMENDMENT TO BIRTH RECORD (TWO PARENT)

Center for Policy Planning and Evaluation

Vital Records Division

TODAY'S DATE:

AFFIDAVIT NUMBER:

CERTIFICATE NUMBER:

CERTIFICATE FEE: \$ 23 x QUANTITY REQUESTED = \$ 0 + AMENDMENT FEE: \$ 23

TOTAL PAYMENT SUBMITTED = \$ 23 *** QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE

UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD CHECK/MONEY ORDER

NAME ON BIRTH RECORD:

DATE OF BIRTH:

DESCRIPTION OF AMENDMENT:

SUPPORTING DOCUMENTATION PROVIDED TO SUPPORT AMENDMENT TO RECORD:

I hereby certify and affirm that I as the applicant or as either a member of the immediate family (mother, father, brother, and sister), guardian or legal representative have entitlement to make the above additions/corrections to the birth record referenced above. A fine of not more than \$12,500, or imprisonment of not more than 2 years, or both, for each occurrence shall be imposed on: Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information required by this act, in connection with:

- (A) A report;
- (B) A request to amend or correct a vital record, including any associated evidence
- (C) request for a certified copy or verification of a vital record;
- (D) A request for access to information in vital records; or
- (E) A request for creation of a vital record, including delayed records.

Name:

Relationship:

Current Address:

Email Address:

Phone Number:

Signature:

Accepted for filing by:

Date Accepted:

Do not Sign this form until you get in front of a Notary Public. This application will only be accepted if your signature can be authenticated by the Notary Public

Signature: _____

Relationship: _____

Sworn to subscribed by the information in the presence on the _____ day of _____ in the year _____.

Notary Public

Signature: _____

Relationship: _____

Sworn to subscribed by the information in the presence on the _____ day of _____ in the year _____.

Notary Public

Amendment to add, change or remove a parent(s) legal name

1. Obtain a rejection letter from DC Vital Records indicating why we are unable to perform the requested amendment
 - a. Email the following to dc.vitalmodification@dc.gov
 - i. Provide child's full name and date of birth
 - ii. Parent(s) current name and Parent(s) new name
 - iii. Photocopy of valid government issued ID
2. Petition DC Superior Court to amend the parent's surname on the child's certificate
3. Provide DC Vital records the **original certified** court order
 - a. This will **NOT** be returned
4. Complete the Court Order amendment form – [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Birth Amendment with court order_0.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Birth%20Amendment%20with%20court%20order_0.pdf)

5. Proof of Identity

If the name on the identification does not match the name on the certificate, the applicant must provide evidence of a legal name change. This may include a certified marriage certificate, certified divorce decree or a certified legal name change court order that reflects the history of the changes to the name(s) on the certificate(s) requested. The following Identity Verification Requirements list the documents required as proof of identity to receive District of Columbia Birth, Death or Domestic Partnership (D.P.) certificates:

All Applicants Will Provide	One Form of Primary Photo Identification PLUS Two Forms of Additional Identification	
Primary Photo Identification (must provide one from this list)		
<ul style="list-style-type: none">• State-Issued Driver's License*• State-Issued Non-Driver's ID Card*• Passport or Passport Card	<ul style="list-style-type: none">• Permanent Resident Card• Employment Authorization Card• Department of State Card	<ul style="list-style-type: none">• Military ID Card• Law Enforcement ID**• Government Employee ID***
Additional Identification (provide two from this list + one Primary Photo ID from above):		
<ul style="list-style-type: none">• Signed Social Security Card*• Social Security Disbursement Statement• Unexpired Vehicle Registration/Title	<ul style="list-style-type: none">• Utility bill dated within last 60 days*• Certified court documents• Previous year's W2	<ul style="list-style-type: none">• Pay stub within last 30 days*• Hospital Newborn Discharge document related to a birth occurring within the last year• Official correspondence from US Citizenship
*A photocopy or electronic image will be accepted in place of actual id/document.		
** Must meet entitlement verification requirements *** Applies to Social Workers or other Government representatives only		

To ensure the security of all DC birth, death, and domestic partnership certificates, the District of Columbia Vital Records Division strictly enforces identity and entitlement verification to receive these certificates.

Do not include payment until you are notified of an approved application. Mail these items to the address below:

Attn: CSCO Unit
Vital Records Division
District of Columbia Department of Health
899 North Capitol Street, NE
1st Floor
Washington, DC 20002

Once the amendment is approved you will be provided options for payment.

1. Credit or debit card
 - a. An email will be provided for secure online payment
2. Check or Money order
 - a. A payment slip will be provided with instructions to submit payment

CERTIFICATION OF VITAL RECORD

**GOVERNMENT OF DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
WASHINGTON D.C.
CERTIFICATE OF LIVE BIRTH**

FILE DATE: JULY 12, 2013

FILE NUMBER: 108-2013-006489

CHILD'S NAME: HARUMY LETICIA SALAMANCA ARIAS

DATE OF BIRTH: JUNE 26, 2013

TIME OF BIRTH: 8:15 PM

SEX: FEMALE

WEIGHT: 7 LBS., 10 OZ.

PLACE OF BIRTH: WASHINGTON HOSPITAL CENTER

MOTHER'S NAME: DORA LETICIA ARIAS SALAMANCA

MOTHER'S SURNAME: ARIAS

MOTHER'S PLACE OF BIRTH: MEXICO

DATE OF BIRTH OR AGE: OCTOBER 22, 1977

FATHER/PARENT'S NAME: JOSE' ALEJANDRO SALAMANCA

FATHER/PARENT'S PLACE OF BIRTH: EL SALVADOR

DATE OF BIRTH OR AGE: MAY 20, 1960



DC1075185

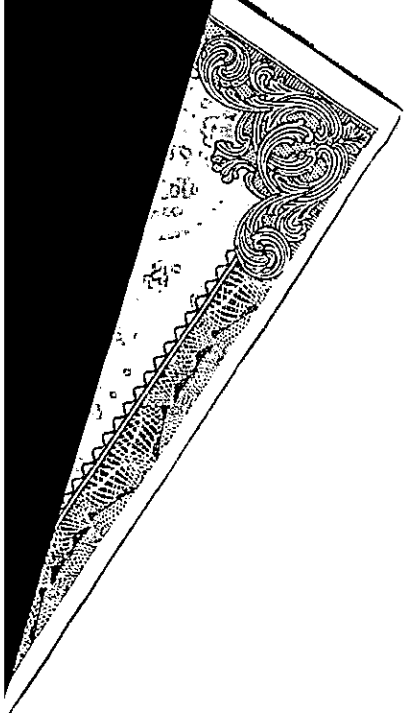
This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Vital Records Division, Department of Health, District of Columbia.

DATE ISSUED: OCTOBER 28, 2022

Terra J. Abrams

Terra J. Abrams, MBA
State Registrar

WARNING: IT IS UNLAWFUL TO MAKE COPIES OF THIS DOCUMENT AND PRESENT THEM AS OFFICIAL COPY OF AN ORIGINAL CERTIFICATE.



DENIAL OF REQUEST
Center for Policy Planning and Evaluation
Vital Records Division

TODAY'S DATE: 10/31/2022

TO WHOM IT CONCERNS:

DC VITAL RECORDS RECEIVED A REQUEST WHICH COULD NOT BE PROCESSED AND WILL REQUIRE AN ORDER OF THE COURT.

REQUESTOR(S) NAME: YARIHANNY A SALAMANCA

RELATIONSHIP TO REGISTRANT: PARENT OTHER:

NAME OF REGISTRANT ON CERTIFICATE: HARUMY LETICIA SALAMANCA ARIAS

REGISTRANT'S DATE OF BIRTH: 06/26/2013

FIELD(s) BEING CHANGED: MOTHER'S AND FATHER'S NAME

CHANGED FROM: DORA ARIAS SALAMANCA & JOSE SALAMANCA

CHANGED TO: YARIHANNY ALEXANDRA SALAMANCA ARIAS & N/A

IDENTIFICATION PROVIDED: WASHINGTON DC DRIVERS LICENSE

REASON REQUEST IS NOT ALLOWED:

- Per D.C. Code § 7-231.20 (a) Upon receipt of a certified copy of an order of the court changing the name of an individual born in the District, and upon the request of the individual, his or her legal representative, or in the case of a minor, his or her parents or legal guardian, the Registrar shall amend the record of live birth to show the new name. The record shall be marked "amended".
- Per D.C. Code § 16-909 (2016)(b-2)(2) Upon the determination of parentage under this subsection, the court shall issue a judgment adjudicating the parentage of the child.

CONTACT (202) 442-9327 IF YOU HAVE ANY QUESTIONS OR NEED ANY FURTHER INFORMATION REGARDING THIS MATTER.

SIGNED BY: RUDOLPH BROTHERS

SIGNATURE:



TITLE: Supervisor – Customer Service and Certification Operations Unit (CSCO)
ADDRESS: 899 North Capitol Street NE | 1st Floor | Washington, DC 20002
EMAIL: RUDOLPH.BROTHERS@DC.GOV