



# Correcting a Birth Certificate

**THIS FORM CANNOT BE USED TO CORRECT A RECORD BASED ON AN ADOPTION.**

## Who Can Apply for a Correction?

- The person named on the birth certificate, if at least 18 years of age.
- Parent(s) named on the birth certificate, if child is under 18 years of age.
- Legal guardian(s), managing conservator, or legal representative (proof required) of the person named on the birth certificate.
- Hospital or medical facility where the person named on the birth certificate was born.

## How Do I Make a Correction?

- Complete and sign this application. See pages 4 and 5.
  - Section 1, 2, 5 and 6 **MUST** be completed. See pages 2 and 3 for how to complete Section 3 or 4.
  - Everyone signing section 6 must sign before a notary public and ATTACH A COPY OF THEIR VALID PHOTO ID(S).**
- The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted.
- Submit the appropriate documentation. See pages 2 and 3.
- Submit the appropriate fees. See fee schedule below.

For Frequently Asked Questions, go to: <https://www.dshs.texas.gov/vs/faq/#correct>.

For more information, go to: <https://www.dshs.texas.gov/vs/requirements.aspx>.

## Where Do I Mail the Application?

**Regular Mailing Instructions** - Estimated processing time is 6-8 weeks.

See <https://www.dshs.texas.gov/vs/processing/> for current times.

Please submit your application, supporting documents (if required) and fees to:

**DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.**

**Expedited Service Mailing Instructions** - Estimated processing time is 20-25 business days.

The order and \$5.00 processing fee must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.**

Please submit your application, supporting documents (if required) and fees to:

**DSHS-Vital Statistics Section, MC 2096, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.**

**FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.**

## Fees: How much must I submit?

| Fee Schedule   | Fee (\$) | Qty (#) | Total (\$) |
|--|----------|---------|------------|
| <b>Filing Fees (Select One):</b>   |          |         |            |
| <input type="checkbox"/> Correction to Birth Certificate (Not required if child's name change is in same court order to add/replace/remove parent)   | \$15.00  |         | =          |
| <input type="checkbox"/> Correction to Birth Certificate by adding/removing/replacing a parent   | \$25.00  |         | =          |
| <input type="checkbox"/> New Birth Certificate based on child's sex or parent's race or color<br>See "Correcting the Child's Sex or Parent's Race or Color" on Page 3.   | \$25.00  |         | =          |
| <b>For urgent requests, orders may be EXPEDITED by paying the below expedited processing fee AND sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to: DSHS-Vital Statistics Section, MC 2096, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.</b> |          |         |            |
| <input type="checkbox"/> Expedited processing Fee (per application)  | \$5.00   |         |            |
| <b>All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.</b>  |          |         |            |
| <input type="checkbox"/> Expedite Overnight Mail (shipping within USA)   | \$8.00   |         |            |
| <input type="checkbox"/> USPS Express Overnight Mail (shipping overnight to PO Box ONLY)   | \$22.95  |         | =          |
| <b>Birth Certificate(s):</b>   |          |         |            |
| <input type="checkbox"/> Certified Corrected Birth Certificate (\$22.00 per copy)  | \$22.00  | X       | =          |
| <b>Grand Total</b>   |          |         |            |

**Fees may be combined in one check or money order made payable to DSHS – Vital Statistics**

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.

## What type of correction are you requesting?

A correction to a birth record may be filed to complete or correct a record that is incomplete or proved by satisfactory evidence to be inaccurate. You must complete pages 4 and 5 of this application and may need to provide a supporting document (See Box#1). **IF THE CHILD IS A MINOR AND BOTH PARENTS ARE ON THE BIRTH RECORD, BOTH PARENTS MUST SIGN SECTION 6**, unless otherwise specified in Box #1.

| <b>Box # 1: Document Checklist</b>  |  |
|---|--|
| <b>I want to...</b>   | <b>You will need <u>one</u> of the supporting documents shown in Box # 2 below</b> |
| <input type="checkbox"/> Correct a hospital error before 1 <sup>st</sup> birthday (hospital must sign and submit application)   | No documentation required.   |
| <input type="checkbox"/> Correct an error or omission made by the hospital after child's 1 <sup>st</sup> birthday   | 1 or 2   |
| <input type="checkbox"/> Add or correct child's first or middle name, BEFORE child's 1 <sup>st</sup> birthday<br><i>Examples: Cindie to Cindy or "no name" to Kathie</i>  | No documentation required  |
| <input type="checkbox"/> Add or correct child's first or middle name, AFTER child's 1 <sup>st</sup> birthday<br><i>Examples: Ann to Anne or Merie to Marie or "no name" to Ryan</i>   | 1, 2, 3, 4, 5, 6, 7, 8, or 9   |
| <input type="checkbox"/> Correct spelling of child's last name (all documents must be dated PRIOR to birth of child unless providing a court order)<br><i>Example: Martines to Martinez</i>   | 5, 10, 11, 12, 13, or 14   |
| <input type="checkbox"/> Correct child's date of birth, place of birth, time of birth or sex  | 1, 2, or 5   |
| <input type="checkbox"/> Correct child's sex after medical/surgical sex change  | 5  |
| <input type="checkbox"/> Correct parent's information (parent must be currently listed on the birth certificate)  | 5, 10, 11, 12, 13, or 14   |
| <input type="checkbox"/> Correct mother's residence address at the time of the child's birth  | 1, 2, or 5   |
| <input type="checkbox"/> Adding a parent AND the parents <b>were married BEFORE</b> the child was born ( <b>Both</b> parents must sign Section 6 of this application in the presence of a notary. A Hospital Representative cannot apply) | 12   |
| <input type="checkbox"/> Change First, Middle, Last name <i>Example: Martinez to Brown</i>  | 5  |
| <input type="checkbox"/> Remove information from birth record   | 5  |
| <input type="checkbox"/> Add/remove/replace a parent (A Hospital Representative cannot apply for this correction)   | See page 3, "Adding, Removing, or Replacing a Parent's Name"                       |

### Suggested Supporting Documents:

Documents must be **original certified copies (no photocopies)** on official letterhead or with an original certification or seal unless otherwise specified below. Foreign documents, including notaries, must have an apostille or legalization from the Foreign Country where the document was issued. **All supporting documents must match the requested correction(s) exactly and cannot be altered.**

If an acceptable supporting document cannot be obtained, a **court order** to correct the information must be submitted. If an item has already been amended once, a **court order** is required to amend the same item again.

| <b>Box # 2: Supporting Documents</b> |  |
|--------------------------------------|--|
| 1                                    | Hospital or medical record at birth (admission/discharge or worksheet)   |
| 2                                    | Letter from Hospital or medical facility at birth explaining correction needed   |
| 3                                    | Baptismal certificate - Must be within first 5 years of birth  |
| 4                                    | Numident printout from the Social Security Administration (SSA). Issued by the SSA, PO BOX 33022, Baltimore, MD 21290-3022. Contact SSA at 410-965-1727 for fees and more information.     |
| 5                                    | A certified copy of a court order affecting information shown on the birth certificate. Include all pages with judge's signature and seal of the court.                                    |
| 6                                    | Elementary school record - Must be signed by custodian of school records based on earliest attendance.   |
| 7                                    | Federal census record  |
| 8                                    | School census record   |
| 9                                    | Armed forces discharge papers (form DD 214) - Photocopy accepted   |
| 10                                   | Birth certificate(s) of child's parent(s)  |
| 11                                   | Birth certificate of child's older brother or sister   |
| 12                                   | Certified copy of Parent's Marriage license  |
| 13                                   | Parent's Naturalization Certificate (must include name change) Call the Immigration and Naturalization Service (ICE) at 800-375-5283 to obtain information on how to secure this document. |
| 14                                   | Photocopy of Parent's domestic passport or Parent's foreign passport with U.S. Visa  |

### Adding, Removing or Replacing a Parent's Name

A new birth certificate may be filed based on parentage to Add, Remove or Replace a parent on the birth certificate. Complete Sections 1,2,4,5 and 6 of this application (pages 4 and 5). In addition, **one** of five types of documentation must be presented as evidence to file the new birth certificate:

1. A certified copy of the certificate of marriage of the parents;
2. A copy of the Acknowledgment of Paternity (VS-159.1) filed with the Vital Statistics Section;
3. A certified copy of the court decree establishing parentage;
4. A copy of the Acknowledgment of Paternity Rescission (VS 158) filed with the Vital Statistics Section;  
or,
5. A gestational agreement.

| <b>Box # 3: Adding, Removing or Replacing a parent's name</b>  |  |
|--|--|
| <b>I am/We are...</b>  | <b>You need to complete this application and...</b>  |
| <input type="checkbox"/> A mother not married during pregnancy and not married now and wants to add a father<br><br>Or<br><input type="checkbox"/> A mother married within 300 days prior to the birth of the child and wants to add a biological parent who is not the spouse | (1) <b>Both</b> parents sign Section 6 of this application in the presence of a notary; and,<br>(2) Complete an Acknowledgement of Paternity (Visit the Office of the Attorney General, Paternity Opportunity Program at <a href="https://www.texasattorneygeneral.gov/cs/establishing-paternity">https://www.texasattorneygeneral.gov/cs/establishing-paternity</a> ) |
| <input type="checkbox"/> A mother not married during pregnancy but is now married to the parent  | (1) <b>Both</b> parents sign Section 6 of this application in the presence of a notary; and,<br>(2) Provide a certified copy of your marriage license  |
| <input type="checkbox"/> A parent with a court order establishing parentage / removing parent (only corrections ordered in the court order will be completed)<br><br>Or<br><input type="checkbox"/> Parents with a gestational agreement                                       | (1) <b>One</b> parent signs Section 6 of this application in the presence of a notary; and,<br>(2) Provide a certified copy of the <i>entire</i> court order (all pages) signed by a judge   |
| <input type="checkbox"/> Parents who have signed a State of Texas Acknowledgment of Paternity (VS 159.1)   | (1) <b>Both</b> parents sign Section 6 of this application in the presence of a notary; and,<br>(2) Provide a copy of the signed Acknowledgement of Paternity (VS-159.1).  |
| <input type="checkbox"/> A parent who has an Acknowledgement of Paternity Rescission (VS 158) filed with the Vital Statistics Section and wants to remove their name from the birth certificate*   | (1) <b>One</b> parent signs Section 6 of this application in the presence of a notary; and,<br>(2) Provide a copy of the signed Acknowledgement of Paternity Rescission (VS-158).  |

**Certified documents submitted will be retained by VSS and placed in a sealed file. A court order is required to unseal a file. Parents should keep copies of certified documents for their records and future use before sending them to VSS.**

**\* Once a parent is removed from the birth certificate, they are no longer a qualified applicant to request a certified copy of the child's newly corrected birth certificate.**

### Correcting the Child's Sex or the Parent's Race or Color

A new birth certificate may be filed that incorporates the corrected sex of the person named on the birth certificate. It may also be filed on older records to remove the parent(s) "race or color". The filing fee to create a new birth certificate is \$25.00. Complete Section 3 and check the bottom box requesting a new birth certificate be filed. If the bottom box on Section 3 is not checked, the correction will be attached to the original record as an addendum (\$15.00 filing fee required).

### Reviewing the certified copy of the amended birth record

Once the amendment has been filed, the certified copy of the birth certificate will describe the corrections made below the image of the original birth record.



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**IMPORTANT:** Photocopies, alterations, strike-through, or write-overs in Section 1 through 6 will not be accepted. Please use a new application if you make a mistake.

## Birth Certificate Correction Application

Type or Print (please use blue or black ink ONLY)

Remittance No. \_\_\_\_\_

### Section 1: What is Your Name? (Applicant's Information)

|   |                                |
|---|--------------------------------|
| Name (First, Middle, Last):   |                                |
| Address (Mailing Address, City, State, Zip):  |                                |
| Email Address:  | Telephone # (daytime)<br>( ) - |
| Your relationship to Person named on the birth certificate: <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Hospital Representative<br><input type="checkbox"/> Legal guardian(s) or Managing Conservator <input type="checkbox"/> Legal Representative (proof required) |                                |
| >>>>>>A COPY OF THE APPLICANT'S VALID PHOTO ID MUST BE ATTACHED<<<<<<   |                                |

### Section 2: Birth Certificate Information

Enter information as it appears on the current birth certificate (before corrections).

|   |   |                  |      |
|---|---|------------------|------|
| Birth Certificate Number, if known:                 | 142 - -   |                  |      |
| Child's First Name:                                 | Middle Name:  | Last Name:       |      |
| Date of Birth:                                      |   |                  | Sex: |
| Place of Birth (City or town)                       | (County)  | (State)<br>TEXAS |      |
| Full Maiden Name (First, Middle, Last) of Parent 1: | Full Maiden Name (First, Middle, Last) of Parent 2: |                  |      |

### Section 3: What do you want to correct?

If you are adding, removing or replacing a parent, complete Section 4.

| List items to be added, corrected or removed | What is on the birth certificate now? | What should the birth certificate say? |
|--|---------------------------------------|--|
| Example: Child's First Name                  | Not Shown                             | Tara                                   |
| Example: Date of Birth                       | August 2, 2010                        | August 12, 2010                        |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |

If you have a certified court order granting a name change only (not changing parentage), complete the information below.

|                           |             |              |            |
|---------------------------|-------------|--------------|------------|
| Court Ordered Name Change | First Name: | Middle Name: | Last Name: |
|                           |             |              |            |

Check box (if applicable):  We are/I am requesting a new birth certificate be filed to incorporate the correction to the child's sex or remove the parent's race or color.

**Section 4: Add, Remove or Replace a Parent**

If you want to add, remove or replace the name of a parent, please fill out this section.

|  |              |                           |         |
|--|--------------|---------------------------|---------|
| <b>I am requesting to:</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Replace   |              |                           |         |
| <b>CHILD'S NAME ON NEW RECORD (Even if it will remain the same)</b> If changing child's first or middle name, birth certificate correction procedures on page 2 apply. |              |                           |         |
| First Name:  | Middle Name: | Last Name(s):             | Suffix: |
| <b>INFORMATION FOR PARENT 1 (Even if it will remain the same)</b>  |              |                           |         |
| <b>Title (check one):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent  |              |                           |         |
| <b>Full Name (Full Maiden Name Prior to First Marriage)</b>  |              |                           |         |
| First Name:  | Middle Name: | Last Name(s):             | Suffix: |
| <b>Date of Birth</b>   |              | <b>Place of Birth</b>     |         |
| Month: / Day: /Year:   |              | State or Foreign Country: |         |
| <b>INFORMATION FOR PARENT 2 (Even if it will remain the same) If only 1 parent will remain on the birth certificate, leave this information blank.</b>                 |              |                           |         |
| <b>Title (check one):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent  |              |                           |         |
| <b>Full Name (Full Maiden Name Prior to First Marriage)</b>  |              |                           |         |
| First Name:  | Middle Name: | Last Name(s):             | Suffix: |
| <b>Date of Birth</b>   |              | <b>Place of Birth</b>     |         |
| Month: / Day: /Year:   |              | State or Foreign Country: |         |

**Section 5: Would you like to request a birth certificate? Check one:**

- No, I would not like a certified copy of the corrected birth certificate.
- Yes, I would like a certified copy of the corrected birth certificate. Number requested: \_\_\_\_\_

Please verify fees and quantity ordered in the fee box on Page 1.

**Section 6: Affidavit**

Please sign below in the presence of a notary public and ATTACH a copy of your valid Photo ID. Applications without acceptable valid ID attached will **not** be processed. Cross-outs or white-outs will VOID your application.

**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. (Texas Health and Safety Code, Chapter 195).**

|  |       |                 |      |
|--|-------|-----------------|------|
| <b>Self, Parent 1, Legal Guardian, or Hospital Rep. &gt;&gt;&gt;&gt;ATTACH A COPY OF YOUR VALID PHOTO ID&lt;&lt;&lt;&lt;&lt;</b> |       |                 |      |
| Printed Name:  |       | Signature:      |      |
| Address:   | City: | State:          | Zip: |
| <b>Notary Public, County Clerk, or other person authorized to administer oaths</b>   |       |                 |      |
| Sworn to and subscribed before me, this _____ day of _____ 20_____.  |       | [Stamp or Seal] |      |
| Signature:   |       |                 |      |
| Printed name and title:  |       |                 |      |

|  |       |                 |      |
|--|-------|-----------------|------|
| <b>Parent 2 or Legal Guardian 2, if applicable: &gt;&gt;&gt;&gt;ATTACH A COPY OF YOUR VALID PHOTO ID&lt;&lt;&lt;&lt;&lt;</b> |       |                 |      |
| Printed Name:  |       | Signature:      |      |
| Address:   | City: | State:          | Zip: |
| <b>Notary Public, County Clerk, or other person authorized to administer oaths</b>   |       |                 |      |
| Sworn to and subscribed before me, this _____ day of _____ 20_____.  |       | [Stamp or Seal] |      |
| Signature:   |       |                 |      |
| Printed name and title:  |       |                 |      |