



Correcting a Birth Certificate

Who Can Apply for a Correction?

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

WHEN SENDING IN THE APPLICATION, PLEASE INCLUDE A PHOTOCOPY OF VALID PHOTO ID(S) FOR THE PERSON(S) SIGNING SECTION 6. IF THE PERSON NAMED ON THE BIRTH CERTIFICATE IS A MINOR AND BOTH PARENTS' NAMES ARE ON THE BIRTH CERTIFICATE, BOTH PARENTS MUST SIGN THE APPLICATION AND SUBMIT A PHOTOCOPY OF EACH PARENT'S VALID ID.

How Do I Make a Correction?

- Complete and sign this application. See pages 4 and 5.
- Submit the appropriate documentation. See pages 2 and 3.
- Submit the appropriate fees. See fee schedule below.

Where Do I Mail the Application?

Regular Mailing Instructions:

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:

The order 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. 49th Street, Austin, TX

Fees: How much must I submit?

Fee Schedule	Fee (\$)	Qty (#)	Total (\$)
Filing Fees (Select one):			
<input type="checkbox"/> Correction to Birth Certificate	\$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 See "Correcting the Child's Sex or Parent's Race or Color" on Page 3.	\$25.00		=
All orders are returned free of charge by USPS regular mail. For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS AND selecting one of the overnight return shipping methods below.			
<input type="checkbox"/> Expedite Overnight Mail (for shipping within USA) \$8 for Overnight Mail + \$5 for Expedited processing	\$13.00		=
<input type="checkbox"/> USPS Express Mail (for shipping overnight to PO Box ONLY) \$22.95 for Overnight Mail + \$5 for Expedited processing	\$27.95		=
<input type="checkbox"/> Priority Mail (for shipping to Overseas Military Address ONLY) \$4.95 for Overnight Mail + \$5 for Expedited processing	\$9.95		=
Birth Certificate(s):			
<input type="checkbox"/> Certified Corrected Birth Certificate (\$22.00 per copy)	\$22.00	X	=
Grand Total			

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

Visit our website: <http://www.dshs.texas.gov/vs/default.shtm> (access additional forms, order certified copies online or visit our frequently asked questions)

What type of correction are you requesting?

Box # 1: Document Checklist	
I want to...	You will need <u>one</u> of the supporting documents shown in Box # 2 below
Correct a hospital error before 1 st birthday (hospital must sign and submit application)	No documentation required.
Correct an error or omission made by the hospital after child's 1 st birthday	1 or 2
<input type="checkbox"/> Add or correct child's first or middle name, BEFORE child's 1 st birthday <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 st birthday	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) <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 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 were married BEFORE the child was born (Both parents sign Section 6 of this application in the presence of a notary)	12
<input type="checkbox"/> Change Legal 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	See page 3, "Adding, Removing, or Replacing a Parent's Name"

Suggested Supporting Documents:

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

If an item has already been amended once, a *court order* is required to amend the same item again.

Box # 2: Supporting Documents

1	Hospital or medical record at birth (admission/discharge or worksheet)
2	Letter from Hospital or medical facility 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, Office of Privacy and Disclosure, 617 Altmeyer Bldg., 6401 Security Blvd, Baltimore, MD 21235. Contact SSA for fees, order form and more information.
5	A certified copy of a court order affecting information shown on the birth certificate.
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. In addition to this application, 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.

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



IMPORTANT: Photocopies, alterations, strike-through, or write overs of this completed application 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)

Request No. _____

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

Name (First, Middle, Last):	
Address (Mailing Address, City, State, Zip):	
Email Address:	Telephone # (8am-5pm) () -
Your relationship to Person named on the birth certificate: <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Hospital Representative <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.

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) TEXAS	
Full Maiden Name of Parent 1:	Full Maiden Name of Parent 2:		

Section 3: What do you want to correct?

We cannot accept whiteout, strike-through, alterations, or write overs.

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

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

Section 4: Add or Replace a Parent

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

Full New Name of Child (Even if it will Remain the Same). If changing child's first or middle name, birth certificate correction procedures on page 2 apply.			
First Name:	Middle Name:	Last Name(s):	Suffix:
Name of Second Parent			
Title to Appear on Birth Record (check one): Mother Father Parent			
Full Name (Full Maiden Name Prior to First Marriage)			
First Name:	Middle Name:	Last Name(s):	Suffix:
Date of Birth		Place of Birth	
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: _____

Short or Long form: _____

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

Section 6: Affidavit

Please sign below, where appropriate, in the presence of a notary public. 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).

Self, Parent 1, Legal Guardian, or Health Information Management (HIM) Director:			
Signature:		Date:	
Address:	City:	State:	Zip:
Notary Public, County Clerk, or other person authorized to administer oaths			
Sworn to and subscribed before me, this _____ day of _____ 20_____.			
Signature:		Date:	
Printed name and title:		[Stamp or Seal]	

Parent 2 or Legal Guardian 2, if applicable:			
Signature:		Date:	
Address:	City:	State:	Zip:
Notary Public, County Clerk, or other person authorized to administer oaths			
Sworn to and subscribed before me, this _____ day of _____ 20_____.			
Signature:		Date:	
Printed name and title:		[Stamp or Seal]	