

APPLICATION FOR AMENDED BIRTH CERTIFICATE BASED ON A COURT ORDERED NAME CHANGE

Budget ZZ 708-153

This form may be used to file a legal name change amendment if submitted with a certified copy of a court ordered name change.

Full certified copy (original certification) of court order must be submitted.

This form may **NOT** be used to **ADD** the father's information if the father's information has been left blank on the original birth certificate.

This form may **NOT** be used to **REMOVE** the father's information contained on the original birth certificate.

- The fee to file a legal name change amendment is **\$15.00**.
- The additional fee of **\$22.00** is needed to issue one certified copy of the amended birth certificate.
- The **total fee of \$37.00** is needed if one copy of the birth certificate is requested after the change is completed.

**Mail fee and documents to: Vital Statistics Unit
P.O. Box 12040
Austin, Texas 78711-2040**

Toll free telephone number: (888) 963-7111

REQUIRED INFORMATION

| | |
|---|--------------|
| Applicants Name: | |
| Mailing Address (street, city, state, zip) | |
| Telephone | Email |

New Name of Registrant

| | | |
|--------------|---------------|-------------|
| First | Middle | Last |
|--------------|---------------|-------------|

Information Currently on the Birth Certificate

| | | | |
|-------------------------------|--------------|-------------|------------------------|
| 1. Full Name of Registrant | First Name | Middle Name | Last Name |
| 2. Date of Birth | Month | Day | Year |
| 3. Place of Birth | City or Town | State | County Gender (Sex) |
| 4. Full Maiden Name of Mother | First Name | Middle Name | Maiden Name |
| 5. Full Name of Father | First Name | Middle Name | Last Name |

WARNING: THIS IS A GOVERNMENTAL DOCUMENT. TEXAS PENAL CODE, SECTION 37.10, SPECIFIES PENALTIES FOR MAKING FALSE ENTRIES OR PROVIDING FALSE INFORMATION IN THIS DOCUMENT.



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OFFICE USE ONLY



OFFICE USE ONLY
Remit No
By ZZ 708-153

**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: DSHS - Vital Statistics. All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

| Birth Certificates | | | | Death Certificates | | | |
|---|--------|--------------|-------|---|--------|--------------|-------|
| Type | Cost X | # of copies= | Total | Type | Cost X | # of copies= | Total |
| Standard Size <input type="checkbox"/> Long form <input type="checkbox"/> | \$22 | | | Certified Copy (1 copy) | \$20 | | |
| Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/> | \$60 | | | Additional Copies | \$3 | | |
| Total (Check or money order payable to DSHS) | | | | Total (Check or money order payable to DSHS) | | | |

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

| | | | |
|-------------------------------|--------------|-------------|-----------------------|
| Full Name of Person on Record | First Name | Middle Name | Last Name |
| Date of Birth/Death | Month | Day | Year |
| Place of Birth/Death | City or Town | County | State |
| Full Name of Parent 1 | First Name | Middle Name | Maiden Name/Last Name |
| Full Name of Parent 2 | First Name | Middle Name | Maiden Name/Last Name |

APPLICANT INFORMATION (Part II)

| | | |
|--|------------------------------------|----------------|
| Applicant Name | Telephone # | Email Address |
| Full Mailing Address | Street Address | City State Zip |
| Relationship to person listed above | Purpose for obtaining this record: | |
| <input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order. | | |
| Name of Person Receiving Copies, if Different from Applicant | | |
| Mailing Address for Copies, if Different from Applicant | | |
| City | State | Zip |

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name)
now residing at _____ (Address) _____ (City) _____ (State)
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: _____

Applicant Signature _____

(Seal) Sworn to and subscribed before me, this ____ day of ____, 20____.

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Texas Vital Records Department of State Health Services
P.O. Box 12040 Austin, TX 78711-2040