

# APPLICATION TO AMEND A BIRTH RECORD — ADJUDICATION OF FACTS OF PARENTAGE

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY**  
 NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS  
 INSTRUCTIONS ON BACK

When a birth record is amended due to an adjudication of facts of parentage, the original record is sealed and a new birth record is prepared.

A fee is required for the preparation of an amended birth record. This fee includes one certified copy of the newly prepared birth record. There is a fee for each additional copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at [www.cdph.ca.gov](http://www.cdph.ca.gov).

Enclosed is the fee of \$ \_\_\_\_\_ for preparation of the new birth record and one certified copy.

Enclosed is the fee of \$ \_\_\_\_\_ for an additional certified copy(ies) of the newly prepared birth record.

Printed Name of Applicant \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

## ADJUDICATION OF FACTS OF PARENTAGE

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

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<b>PART I INFORMATION TO LOCATE RECORD</b>					
INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4. NAME OF PHYSICIAN, ATTENDANT OR CERTIFIER WHO ATTENDED THIS BIRTH		
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. CITY	5C. COUNTY	
	6A. FULL NAME OF PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	7A. FULL NAME OF PARENT—FIRST	7B. MIDDLE	7C. LAST (BIRTH)	7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
<b>PART II INFORMATION AS IT IS TO APPEAR ON NEW RECORD</b>					
FULL NAME OF CHILD AS ORDERED BY COURT	8A. NAME OF CHILD—FIRST	8B. MIDDLE	8C. LAST		
PARENT	9A. FULL NAME OF PARENT—FIRST	9B. MIDDLE	9C. LAST (BIRTH)	9D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	10. STATE/FOREIGN COUNTRY OF BIRTH		11. DATE OF BIRTH—MM/DD/CCYY		
PARENT	12A. FULL NAME OF PARENT—FIRST	12B. MIDDLE	12C. LAST (BIRTH)	12D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	13. STATE/FOREIGN COUNTRY OF BIRTH		14. DATE OF BIRTH—MM/DD/CCYY		
<b>STATE REGISTRAR USE ONLY</b>	15. CDPH - VITAL RECORDS		16. DATE ACCEPTED FOR REGISTRATION		

*The "Birth" name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal "Birth" name.*

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM**

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1. **Type or print clearly in black ink only.**
2. Enter the name of the child in Part 1, Items 1A – 1C, as shown on the original record.
3. Complete the information required to locate the record in Items 2 – 7D.
4. Enter the full name of the child as ordered by the court in Part II, Items 8A – 8C.
5. Complete the information required in Items 9A – 14.
6. Do not complete Items 15 and 16. This space is reserved for State Registrar use only.
7. For possible future transactions with the Social Security Administration or the Department of Motor Vehicles, you should keep copies of all documents that you submit to our office. Once your child's new birth certificate is prepared, all supporting documents are sealed by our office and are not available to the public. A court order is required to unseal the record.
8. Mail this form with the required fee(s) and a certified copy of the court order to:

California Department of Public Health - Vital Records  
MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410

Make check or money order payable to CDPH - Vital Records.