



AMENDMENT TO BIRTH RECORD (TWO PARENT)

Center for Policy Planning and Evaluation
Vital Records Division

HC85MB85H9.....; B7.....

79FH 75H9BI A69F..

79FH 75H9: 99.....I EI 5B4MF9EI 9GH98.....1.....Z.....5A9B8A9BH: 99..

HCH5 @D5MA9BHGI 6A4H98 1.....*** QUANTITY MUST BE POPULATED TO CALUCALUATE TOTAL FEE *

B5A9CB6FH F97CF8.....85H9C: 6FH..

89G7F-DHCB C: 5A9B8A9BH

GI DDCFHB; 8C7I A9BH5HCBDFCJ-898 HC GI DDCFH5A9B8A9BHHC F97CF8..

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:

Signature:

Relationship:

Current Address:

Accepted for filing by:

Date Accepted:

8c bchGj[b'h jg Zfa 'i bh'nci '[Yh]b'ZcbhcZUBcHfmiDi V]WH jg'Udd]WUjcb'k j''cb'mVYUWWdHX]Znci f' g][bUi fYWub'VYU R Ybh]WUX'VmiH YBcHfmiDi V]W

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