

AMENDMENT TO ADD A NAME (REGISTRANT NOT NAMED)

Center for Policy Planning and Evaluation

Vital Records Division

Today's date:

AFFIVADIT NUMBER:

I, hereby certify the full name of the registrant is:

Gender of registrant is:

Date of birth of registrant is:

Birth certificate number is:

The name(s) of the parents is (are):

Whose birth is registered with the DC HEALTH VITAL RECORDS DIVISION in Washington D.C.

The name of the registrant has been proven by documentary evidence:

School records

Certificate of baptism

If the registrant is an adult, I further certify that this form cannot be executed by a parent (s) because they are:

Deceased

Physically incapacitated

Mentally incapacitated

Parent unavailable

Unknown

CERTIFICATE FEE: x QUANTITY REQUESTED = + AMENDMENT FEE:

TOTAL PAYMENT SUBMITTED = *** QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE

UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD

CHECK/MONEY ORDER

Applicant's name:

Email address:

Phone number:

Address:

Do not Sign this form until you get in front of a Notary Public. This form will only be accepted if your signature can be authenticated by the Notary Public

Signature: _____ Relationship: _____

Sworn to subscribed by the information in the presence on the _____ day of _____ in the year _____.

Notary Public

Accepted for Filing By:

Date Accepted: