

**\* IMPORTANT \* CERTIFIED COPY ENCLOSED \***

Dear New Parent:

Your child's newborn certified birth certificate is enclosed as required by Chapter 144 of the Code of Iowa for children born on or after July 1, 1993. ***Protect this legal document!*** It is a certified copy of your child's original record that is on file with the state Office of Vital Records, Iowa Department of Public Health. Certified copies are legal documents needed for tax filing, insurance, driver's license, travel, Head Start programs, day care, pre-school, kindergarten registration, participation in sporting activities, and more.

**Do not lose, alter or destroy this certificate!  
Protect it by keeping it in a safe, secure location!**

- **SOCIAL SECURITY CARD.** You will receive your child's social security card directly from the federal Social Security Administration within the next few weeks if you indicated on the hospital birth worksheet that you wanted a social security card issued for your newborn. If the information on your child's new social security card is not accurate, please contact your local social security administration office or call 800-772-1213.
- **CORRECTIONS DURING THE FIRST YEAR.** Your child's birth certificate is based on the information you provided on the hospital birth worksheet. If the hospital made a typographical error, please follow the instructions in Sections 1 and 3 on the reverse side of this letter. Except for typographical errors, your child's ***last*** name may ***not*** be changed without a legal court order or a Voluntary Paternity Affidavit with the biological father. You will receive a replacement certificate after the correction has been made.
- **SINGLE PARENTS.** If you and the biological father filed a Voluntary Paternity Affidavit, but the father's name is not listed on the enclosed birth certificate, please follow the instructions in Sections 2 and 3 on the reverse side of this letter. You will receive a replacement certificate.

**Please review the other side of this letter before calling our office about corrections.  
All requests for corrections and exchanges will require signatures in the presence of a Notary Public  
and a current, valid government-issued photo identification.**

*For other concerns about this birth record, call the Birth Registration Program at 515-242-6332.*

**REQUEST A NEW CERTIFIED BIRTH CERTIFICATE AFTER CORRECTIONS**

Use this form to correct typographical errors before your child's first birthday. After one year, a special Amendment form must be used and requires additional documentation and fees. Return the incorrect birth certificate with this request. No correction will be made, or replacement issued, until the certificate containing the error is relinquished to this office. There is no cost for the replacement. **Do NOT use this form to add a second parent to the birth certificate.**

- Mail the following to .....
- this notarized form requesting a correction on the birth certificate,
  - a clear photocopy of the parent's current government-issued photo ID,
  - incorrect certified birth certificate.

Iowa Department of Public Health  
 Vital Records, Birth Registration  
 321 E. 12 Street, Lucas Bldg., 1<sup>st</sup> Floor  
 Des Moines, IA 50319-0075

**SECTION 1: COMPLETE THIS SECTION TO CORRECT ERRORS ON CERTIFICATE:**

Print the item description which is incorrect and the correct information. Please print clearly in upper and lowercase letters. Only obvious typographical errors or omissions may be corrected without additional documentation.

ITEM DESCRIPTION	CORRECTION:
ITEM DESCRIPTION	CORRECTION:
ITEM DESCRIPTION	CORRECTION:

**SECTION 2: COMPLETE THIS SECTION IF A VOLUNTARY PATERNITY AFFIDAVIT HAS BEEN MAILED:**

Where was the Voluntary Paternity Affidavit completed and notarized?

	County
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When was the Affidavit mailed to this office? \_\_\_\_\_

**SECTION 3: AFFIRMATION - Sign and date this request in front of a Notary Public. Include a clear photocopy of your government-issued photo I.D. when submitting this request for correction.**

**Signatures must be notarized when applying by mail.**

**Either parent named on the birth record may make this request for a correction and replacement.**

PARENT'S NAME	NEWBORN'S NAME
CURRENT MAILING ADDRESS (Street, City, State, Zip Code)	DAYTIME PHONE# (Include Area Code & Extension)

PARENT'S SIGNATURE *(Sign legibly)* \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

PARENT'S NAME AS APPEARS ON PHOTO I.D. <i>(Print clearly)</i> _____ State of _____ County of _____ ss _____ (SEAL) Parent signed in my presence on this _____ day of _____, _____. _____, My commission expires: _____ (Notary Public Signature)	<b>Administrative Use Only</b> I.D. _____ Initials _____
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**NOTE: LAST NAME (LEGAL SURNAME) \*\*\* ONLY typographical errors may be corrected using this form. Changing the legal surname requires a legal action (i.e., paternity affidavit, determination of paternity, legal name change order signed by a judge, etc.). Except for Voluntary Paternity Affidavits, parents may need to see an attorney.**

**NOTE: Entitled applicants may purchase additional certified copies from either the state office or any county recorder's office.**