IOWA Health and Human Services

Amendment to Iowa Certificate of Marriage

Instructions and General Information

When may this form be used?

- To amend items on records of marriage age one year or more from the date of the event.
- To amend marriage records of person(s) still living.
- To amend obvious errors or omissions. A complete change of name requires a court order.
- To amend an item for the first time. Subsequent amendments may only be made with a court order or if the first correction was made in error.
- The amendment process may **not** be used to change the legal name after marriage to a different name. Contact Legal Actions at 515-725-2566 for instructions.

What should the applicant do? Complete Parts 1 and 2 of this form, except for your signature. Sign this form **only** in front of a notary public. In Iowa, your local County Recorder/County Registrar of Vital Records office (located in your county courthouse or county office building) may assist you in completing this form and provide notary services, **or** visit the state vital records office.

As requested, present certified copies, original statements, or legible photocopies of documents that support each requested correction. The documentary evidence shall have been established at least five years prior to the date of the application or within seven years of the date of the event.

INCLUDE a copy of your current government – issued photo ID.

What are some supporting documents?

- Copy of military entry or discharge papers
- Certified copy of Certificate of Birth when used to correct age, birthplace, or name of a parent
- Original statement by employer of employment record
- School enrollment or transcript records, but **not** diploma
- Life insurance policy or pension plan with statement prepared by the company
- Hospital or physician medical record
- Social security application (micro print)

Who may apply to amend a marriage record? Application to amend a marriage certificate may only be made by the bride or the groom.

Amendment Processing Fees: The processing fee depends on the type of amendment documents you submit. The number of items you are amending does not change the fee.

Please include the correct fee based on the categories below:

1. **Amendment with a Court Order.** If you submit an amendment form with a court order (for one or more items), the processing fee is $15.
2. **Amendment without a Court Order.** If you submit an amendment form with the required documentary evidence (for one or more items), the processing fee is $15.

3. **Amendment combining both court order and non-court order items.** If you submit an amendment that includes both:
   - one or more court order items, and
   - one or more non-court order items

The processing fee is $30 (two processing fees of $15 each).

An additional $20 fee is required for a certified copy of the amended birth certificate, unless a state certified copy is relinquished for exchange at the time of the amendment request. All fees are payable in U.S. funds by check or money order to the Iowa Department of Health and Human Services.

Timeline. Processing the amendment request should be completed within approximately 4-6 weeks after receipt, unless additional supporting documents are required.

What does the Notary Public do? The applicant must sign this form in front of an authorized Notary Public. The notary completes Part 3 of the form according to the Code of Iowa, and applies a legible signature and seal to this form only. The notary may assist the applicant in selecting supporting evidentiary documents to submit to the state vital records office for review. In Iowa, County Registrars of Vital Records may forward this form, the supporting documents, and fees in with their mailings to the department.

Where is an amendment request sent? This completed, notarized Amendment to Certificate of Marriage, along with supporting document(s), fees, and the incorrect ***state*** certified copy, if applicable, is submitted to:

Iowa HHS
Bureau of Health Statistics
Lucas State Office Bldg., 1st Floor
321 E 12th St., Des Moines, IA 50319-0075

What will the state vital records office do? Your request for an amendment and your supporting document(s) will be verified for accuracy. Processing and filing of your amendment request should be completed within about 15 days after being received by the state office of vital records, unless additional supporting documents are required. After processing, the appropriate correction will be made on the record you have requested to be amended and the record will be marked “Amended.” The state vital records office will also notify the County Recorder/Registrar of the county in which your marriage license is filed of the corrections. Incorrect county-issued certified copies may then be relinquished and exchanged at that County Recorder/Registrar office.

Is more information and assistance available? Additional information, assistance, and amendment forms are available either from local County Recorder/County Registrar of Vital Records or the state office. Visit the state office in Des Moines or call 515-725-2566.

IOWA Health and Human Services

Bureau of Health Statistics

Amendment to Iowa Certificate of Marriage

For State Office Use Only Certificate# _____ Date Completed _____

Applicant: Complete parts 1 and 2 only. Type or print legibly. See instructions on reverse side.

Part 1. This information must be the same as on the original marriage certificate.

Party A/Bride/Groom/Spouse

First Name	Middle Name	Last Name	Suffix (Jr., Sr., II, III, IV)

Last Name Prior to **Any** Marriage

Party B/Bride/Groom/Spouse

First Name	Middle Name	Last Name	Suffix (Jr., Sr., II, III, IV)

Last Name Prior to **Any** Marriage

Date of Marriage Month Day Year	**Place of Marriage** City	County

Part 2. The following items are to be amended. Must be supported by evidentiary documents.

Item/Error Description _____ Correction _____

Item/Error Description _____ Correction _____

Item/Error Description _____ Correction _____

Item/Error Description _____ Correction _____

Item/Error Description _____ Correction _____

Part 3. Affirmation – Applicant to sign and date in the presence of an authorized notary public.

Applicant's Name	Relationship To Person Named On Record

Mailing Address Street	City	State	Zip Code

Daytime Phone # (Include Area Code & Extension)	**Email Address**

☐ $15.00 processing fee enclosed
☐ $20.00 fee **per** Certificate enclosed # of copies _____
☐ Certified Copy Exchange, incorrect copy enclosed

IOWA Health and Human Services

By signing, you are affirming that the information above is accurate.

Applicant's Signature	Date Signed

Applicant's name as it appears on Photo ID: _____

State of County of ss

Signed and affirmed in my presence on this _____ day of _____, _____.

Notary Public's Signature	My commission expires:	**NOTARY SEAL**

Part 4. To be completed by Bureau of Health Statistics (Abstract of documents and dates of originals)
