

STATE OF IOWA
IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau of Health Statistics

For State Office Use Only
Certificate # _____
SE# _____

AMENDMENT TO IOWA CERTIFICATE OF BIRTH

To Correct Typographical Errors on Records of Birth

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 BIRTH CERTIFICATE

PERSON NAMED ON RECORD First		Middle, if any	Last (surname)	Suffix, if any (Jr., Sr., II, III, IV)
SEX	DATE OF BIRTH Month Day Year	PLACE OF BIRTH City County		
MOTHER'S NAME First		Middle, if any	Maiden Last Name	Current Last Name
2nd PARENT's NAME First		Middle, if any	Last (surname)	Suffix, if any (Jr., Sr., II, III, IV)

PART 2. THE FOLLOWING ITEMS ARE TO BE AMENDED Must be supported by evidentiary documents.

Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____
Item 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)		<input type="checkbox"/> \$15.00 processing fee enclosed <input type="checkbox"/> \$15.00 fee per Certificate enclosed # of copies _____ <input type="checkbox"/> Certified copy exchange, incorrect copy enclosed	

Applicant's Signature By signing, you are affirming that the information above is accurate. **Date Signed**
State of _____ County of _____ ss
Signed and affirmed in my presence _____
Write name exactly as appears on government-issued photo I.D.

NOTARY SEAL

Notary Public's Signature **Date Signed**

Notary Address & Expiration

PART 4. TO BE COMPLETED BY BUREAU OF HEALTH STATISTICS (Abstract of documents and dates of originals)

INSTRUCTIONS and GENERAL INFORMATION

- To amend items on records of births.
- To amend birth records of persons 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 to a different name. Check with the local Clerk of District Court for that process.

Entitled Applicant: Application to amend a birth certificate may be requested by: (1) the registrant [person named on the record], if of legal age; (2) a parent if the registrant is a minor; or (3) a legal guardian of the registrant.

Completing the Form: Complete Parts 1 and 2 of this form, except for your signature. Sign this form only in front of a notary public.

As requested, present certified copies, original statements, or legible photocopies of documents that support each requested correction. Documents must be clearly dated and established at least five years prior to this request. If the registrant is age one to seven years, the document must be at least one year old. A copy of the applicant's current government issued photo ID is required.

Additional information, assistance, and amendment forms are available by contacting the Bureau of Health Statistics at 515-281-4944 and ask for the amendment clerk.

Sample Supporting Documents:

- Certified copy of a sibling's Certificate of Live Birth to correct a parent's name
- Certified copy of military entry or discharge papers
- Certified copy of a Certificate of Marriage to correct age, birthplace, or name of a parent
- Original statement by employer of employment record
- School enrollment or transcript records, but NOT diplomas
- Life insurance policy or pension plan with statement prepared by the company
- Hospital or physician medical record
- Social security application (micro print)

Cost: A **\$15 processing fee** is required to file an Amendment to Certificate of Birth. An **additional 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.

Notarization: The applicant must sign this form in front of an authorized Notary Public. The notary completes Part 3 of the form and applies a legible signature and seal to this form only.

Submit to State: Submit this completed notarized Amendment to Iowa Certificate of Birth form, along with supporting document, fees, ID and the incorrect state-certified copy to the Iowa Department of Health and Human Services, Bureau of Health Statistics, Lucas State Office Building, 1st Floor, 321 E. 12th Street, Des Moines, Iowa 50319.

The amendment request and supporting document(s) will be verified for accuracy. After processing, the appropriate correction will be made on the record as authorized by the Code of Iowa and the record will be marked "Amended". All certified copies of supporting documents will be returned to the applicant.