IOWA Health and Human Services

Amendment to Iowa Certificate of Birth

Instructions and General Information

When may this form be used?

- 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 with proof.

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. 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. 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 an older sibling's Certificate of Live Birth to correct a parent's name
- 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)

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.

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:

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

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.

IOWA Health and Human Services

Bureau of Health Statistics

Amendment to Iowa Certificate of Birth

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 birth certificate.

Person Named on Record

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

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)
