NEW YORK STATE
DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

APPLICATION FOR CORRECTION OF CERTIFICATE OF BIRTH

RE: INFANT -
DATE OF BIRTH -
PLACE OF BIRTH -
FATHER'S NAME -
MOTHER'S NAME -

DISTRICT NUMBER -
REGISTER NUMBER -
BIRTH NUMBER -

Please correct the certificate of birth identified above, as follows:

ITEM IN ERROR (Or Omitted)	AS IT APPEARS	AS IT SHOULD BE

Documentary evidence submitted herewith in support of this application includes:

EXPLAIN REASON FOR ERROR OR OMISSION:

To be completed by applicant:

Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	RELATIONSHIP TO INFANT	DATE
ADDRESS		

To be completed by registrar of vital statistics:

The above information has been added to the local record of birth on file in this office.

SIGNATURE OF REGISTRAR	DISTRICT NUMBER	DATE

(OVER)

INSTRUCTIONS

TO PERSON REQUESTING CORRECTION --

Neither the State Department of Health nor the local registrar of vital statistics has the authority to alter or change information on a certificate as filed, except to correct errors or to add information that was not available at the time the certificate was filed, unless directed to do so in an order from a court of competent jurisdiction. If an error was made at the time the original certifcate was completed, this form should be completed by the physician or other attendant at birth who signed the certificate. In the event the physician or other attendant at birth is not available, then the parents or individual if 18 years of age or over may complete the form but must submit satisfactory documentary evidence to support the correct information. The documentary evidence must be a record made near the date of birth, such as a hospital record, church or synagogue record, school record, state or federal census record, etc. This form should either be returned to the local registrar or vital statistics or send directly to the Correction Unit, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602.

THIS FORM MAY NOT BE USED TO CHANGE NAMES.

OTHER FORMS --

DOH-3645 -- Used by parents to add a given name of child to a birth certificate.

DOH-2739 -- Used by putative father who wishes to consent to having his name on the certificate of birth of a child born to an unwed mother.

DOH-1927 -- Used by previously unwed parents who marry after birth of child who wish to add natural father's name to a birth certificate. Certified copy of marriage record also required.

CHANGE OF INFORMATION --

A certified copy of the court order must be presented to the State Department of Health to change information on a birth certificate in matters relating to:

1) Adoption

2) Determination of parentage

3) Change of name

4) Change of fictitous names

TO REGISTRAR OF VITAL STATISTICS --

If this form is returned to you satisfactorily completed and the documentary evidence, if required, is from some authoritative source and supports the information to be corrected or added to the local record and the original certificate, enter the information in the local record and issue copies thereof immediately. Sign the bottom of the form and send it to the State Department of Health immediately, along with the documentary evidence so that the original certificate may also be amended. If you wish to have the correction form and evidence offered reviewed before you amend the local record and issue copies thereof, send it to the State Department of Health but do not sign your name on the bottom of this form. In this case you will be notified by the State Department of Health as to whether or not the original certificate and your local record should be amended.