

VITAL STATISTICS SECTION
**BIRTH DEMOGRAPHIC
AMENDMENTS – T_xEVER HOW TO
GUIDE**



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Table of Contents

Introduction	1
How-To Steps	1
Conclusion	12

Introduction

This How-To Guide walks birth registrars through processing an online demographic amendment to birth certificates already released to the state.

A birth certificate is a permanent legal record of an individual's birth and is extremely important to the family and the registrant. Birth certificates are used to obtain insurance, register for school, obtain a passport, and prove identity for jobs.

How-To Steps

1. Log in to TxEVER (<https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>)

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

LOGIN

User Name:

Password:

[Forgot Password?](#)

2. Select Birth at the top, click on Function, and then Stakeholder Amendments

Skip to main content GLOBAL **BIRTH** FETAL DEATH

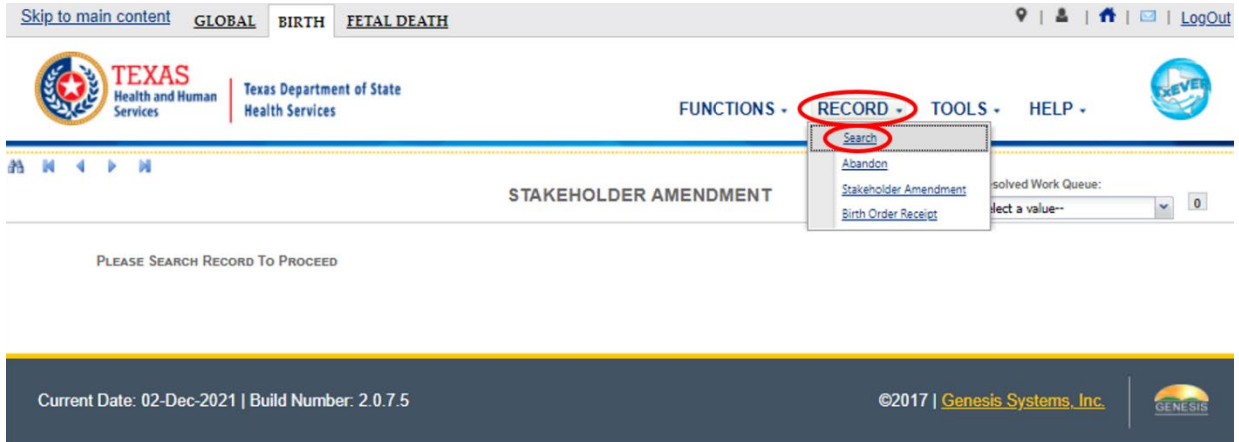
STEPHEN MCCANDLESS, welcome to the Texas Department of State Health Services

FUNCTION TOOLS - HELP - REPORTS -

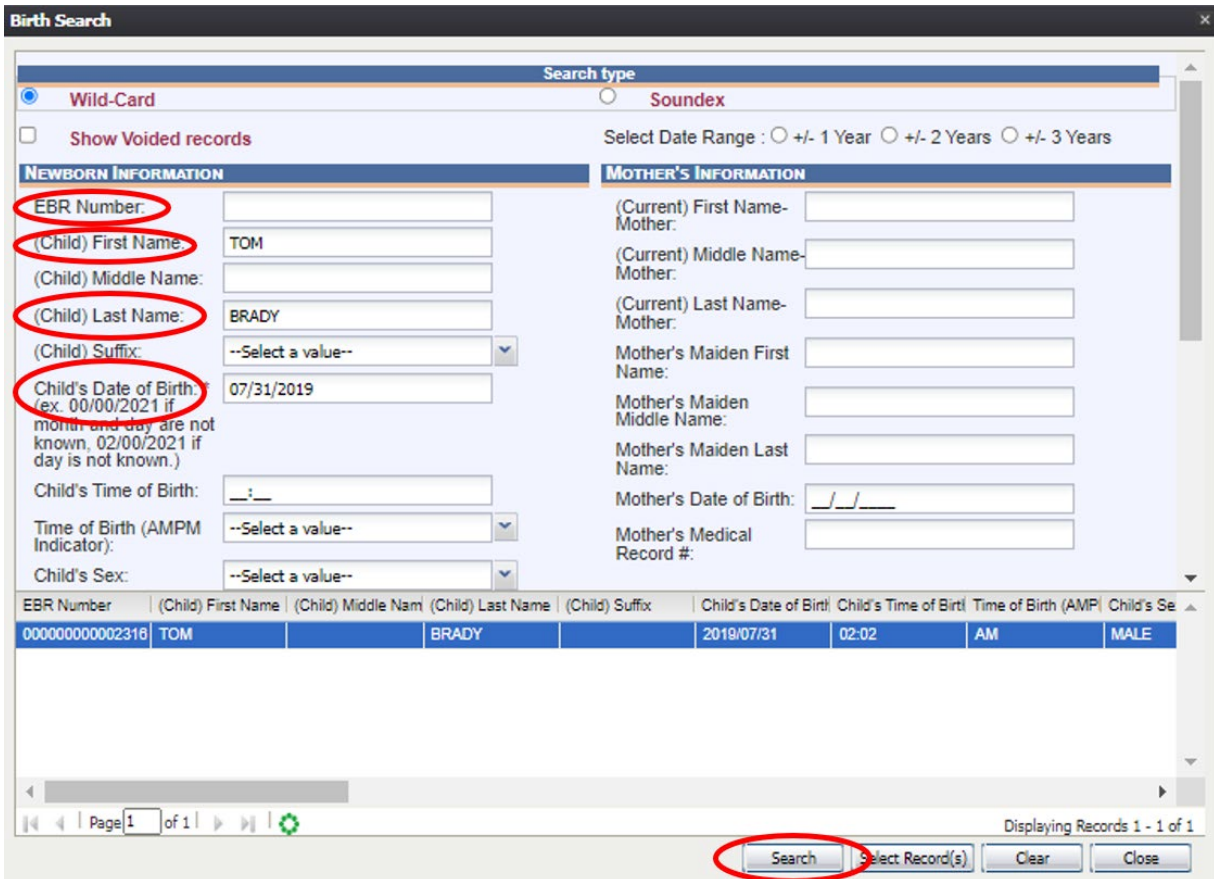
- Birth Registration
- Facility Statistical Correction
- Pre/Post Birth APR Registration
- Stakeholder Amendment**
- Switch Location
- Exit Application

Show Dashboard

3. Search for the record by clicking Record and then Search



4. Enter the EBR number or name and date of birth of the registrant, click Search



Note: If you cannot locate the record electronically in TxEVER, you will have to complete the amendment through the manual process.

5. Click on the record and then press Select Record

Birth Search

Search type

Wild-Card Soundex

Show Voiced records Select Date Range : +/- 1 Year +/- 2 Years +/- 3 Years

NEWBORN INFORMATION

EBR Number:

(Child) First Name: TOM

(Child) Middle Name:

(Child) Last Name: BRADY

(Child) Suffix: --Select a value--

Child's Date of Birth: * 07/31/2019
(ex. 00/00/2021 if month and day are not known, 02/00/2021 if day is not known.)

Child's Time of Birth:

Time of Birth (AMPM Indicator): --Select a value--

Child's Sex: --Select a value--

MOTHER'S INFORMATION

(Current) First Name-Mother:

(Current) Middle Name-Mother:

(Current) Last Name-Mother:

Mother's Maiden First Name:

Mother's Maiden Middle Name:

Mother's Maiden Last Name:

Mother's Date of Birth:

Mother's Medical Record #:

EBR Number	(Child) First Name	(Child) Middle Name	(Child) Last Name	(Child) Suffix	Child's Date of Birth	Child's Time of Birth	Time of Birth (AMPM Indicator)	Child's Sex
00000000002316	TOM		BRADY		2019/07/31	02:02	AM	MALE

Page 1 of 1

Displaying Records 1 - 1 of 1

Search Select Record(s) Clear Close

6. Click on Record and then Stakeholder Amendment

Skip to main content GLOBAL BIRTH FETAL DEATH

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FUNCTIONS RECORD Abandon Stakeholder Amendment Birth Order Receipt TOOLS HELP

STAKEHOLDER AMENDMENT

Solved Work Queue: DY, TOM (C), 2019/07/31 1

- Select the Tab(s) that requires the amendment(s) and then click on the wrench icon(s) next to the field(s) requiring edits

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PROCESS

STAKEHOLDER AMENDMENT

Registrant Name: TOM BRADY | Mothers Maiden Name: JANE BRADY | Date of Birth: 07/31/2019 | SFN: 0001662019 | EBR: 000000000002316

Field List / Stakeholders

- Newborn
- Mother
- Mother Dem
- Father
- Father Dem
- Mother Medical-1
- Mother Medical-2
- Mother Medical-3
- Mother Medical-4

NEWBORN GENERAL INFORMATION

Record Type: BORN AT THIS FACILITY | Plurality: SINGLE | Birth Order: 1

Date Filed: 04/02/2020

NEWBORN INFORMATION

Is Child Unnamed?

First Name: TOM | Middle Name: | Last Name: BRADY | Suffix: | Date of Birth: 07/31/2019 | Time of Birth (AMPM Indicator): 02:02 AM | Sex: MALE | Infant's Medical Record Number: 675705

SSN INFORMATION

- Make corrections and enter comments as appropriate; select Confirm Changes after each section being updated.

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PROCESS

STAKEHOLDER AMENDMENT

Registrant Name: TOM BRADY | Mothers Maiden Name: JANE BRADY | Date of Birth: 07/31/2019 | SFN: 0001662019 | EBR: 000000000002316

Field List / Stakeholders

- Newborn
- Mother
- Mother Dem
- Father
- Father Dem
- Mother Medical-1
- Mother Medical-2
- Mother Medical-3
- Mother Medical-4
- Newborn Medical-1
- Newborn Medical-2
- Certification
- Comments
- Activity: (Child) First Name: thomas | Field Status: Resolved | Action: Updating Record

NEWBORN INFORMATION

Is Child Unnamed?

First Name: THOMAS | Middle Name: | Last Name: BRADY | Suffix: | Date of Birth: 07/31/2019 | Time of Birth (AMPM Indicator): 02:02 AM | Sex: MALE | Infant's Medical Record Number: 675705

NEWBORN INFORMATION

Is Child Unnamed?

First Name: | Middle Name: | Last Name: BRADY | Suffix: | Date of Birth: 07/31/2019 | Time of Birth (AMPM Indicator): 02:02 AM | Sex: MALE | Infant's Medical Record Number: 675705

Comments: FIXING FIRST NAME

Confirm Changes

Supplemental Documents

Document Type: | Who Issued: | Date Of Original Entry: | Issue Date: |

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PROCESS

STAKEHOLDER AMENDMENT

Registrant Name: TOM BRADY | Mothers Maiden Name: JANE BRADY | Date of Birth: 07/31/2019 | SFN: 0001662019 | EBR: 000000000002316

Field List / Stakeholders

MOTHER'S NAME PRIOR TO FIRST MARRIAGE

Same as Mother's Legal Name?

First Name: JANE | Middle Name: | Last Name: BRADY | Suffix: |

MOTHER'S NAME PRIOR TO FIRST MARRIAGE

Same as Mother's Legal Name?

First Name: JANE | Middle Name: SEAMORE | Last Name: BRADY | Suffix: --Select a value--

Comments: ADDED MOTHER'S MIDDLE NAME

Confirm Changes

Supplemental Documents

Document Type: | Who Issued: | Date Of Original Entry: | Issue Date: |

Note: Do not enter anything in the Supplemental Documents section; this is for State use only

- Click on Process and View Corrections to see a list of changes

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PROCESS

STAKEHOLDER AMENDMENT

Registrant Name: TOM BRADY | Mothers Maiden Name: JANE BRADY | Date of Birth: 07/31/2019 | SFN: 0001662019 | EBR: 000000000002316

Field List / Stakeholders

FATHER'S LEGAL NAME

Title Preference: FATHER | First Name: DALLAS | Middle Name: | Last Name: COWBOYS | Suffix: |

Click the X next to any change you wish to discard if needed

Remove	Field Name	Old Data	New Data	Comment
X	(Child) First Name	TOM	THOMAS	FIXING FIRST NAME
X	Father's Birth Place	TEXAS	TENNESSEE	
X	Mother's Maiden Middle Name		SEAMORE	ADDED MOTHER'S MIDDLE NAME

If you want to cancel the amendment, select Process and then Cancel

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STAKEHOLDER AMENDMENT

Registrant Name:	Mothers Maiden Name:	Date of Birth:	SFN:	
TOM BRADY	JANE BRADY	07/31/2019	0001662019	0000000000002316

10. When you are ready to submit, select Process and Submit

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STAKEHOLDER AMENDMENT

Registrant Name:	Mothers Maiden Name:	Date of Birth:	SFN:	
TOM BRADY	JANE BRADY	07/31/2019	0001662019	0000000000002316

Click Yes if you want to submit the changes

Stakeholder Amendment

Do you wish to submit this record?

Yes No

Enter your PIN, click the box affirming the changes, and click Ok

Enter PIN

I affirm that this change is being requested due to error or newly received information.

Pin:

Ok Close

Stakeholder Amendment

Stakeholder Amendment will be submitted once payment is done.

OK

- The payment screen will open as a new browser window; fill out the payment information. After filling out the top section, click “Save Amendment Request Detail”

MAKE PAYMENT

Record Details

Childs ID: 2316 Childs Name: TOM BRADY
 Facility Name: PARKLAND HOSPITAL Certifier Name: ALEX W

Please do not refresh this page.

Requestor Details *(highlighted fields are mandatory)*

Requestor Type: FACILITY

First Name: Middle Name:
 Last/Organization Name: PARKLAND HOSPITAL Suffix: --Select a value--
 Address1: 5200 HARRY HINES BLVD Address2:
 State/Country: TEXAS City/Town: DALLAS
 Zip: 75235 Zip Ext:

Mailing Address Details *(highlighted fields are mandatory for mailing address if any)*

Mailing address same as requestor

First Name: Middle Name:
 Last/Organization Name: Suffix: --Select a value--
 Address1: Address2:
 State/Country: --Select a value-- City/Town:
 Zip: Zip Ext:
 Cost: \$15.00
 Total: \$15.00

[Save Amendment Request Detail](#)

Current Order Details

Select	Delete	Description	Price(\$)	Quantity	Item Cost(\$)
		STAKEHOLDER AMENDME	15	1	15

Click Pay Now

Current Order Details

Select	Delete	Description	Price(\$)	Quantity	Item Cost(\$)
		STAKEHOLDER AMENDME	15	1	15

Transaction Details

DSHS Price: \$15.00
 Shipping Fee: \$0.00
 Texas.gov Price*: \$15.59

** This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.*

[PAY NOW](#) [Cancel](#)

Please note: Texas.gov adds a courtesy fee automatically and is included in your total.

NOTE: IF YOU DO NOT PROCESS A PAYMENT WHEN THE WINDOW OPENS, THE CHANGES WILL NOT BE SAVED; THE AMENDMENT WILL NEED TO BE RESTARTED

12. Submit the payment. A confirmation email will be sent to the email address indicated on the order.

niC

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Payment

Payment Type

Credit/Debit Card

Customer Information

Country * Complete all required fields [*]
United States

First Name * Last Name *

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number *

Email *

Next >

Transaction Summary

TX/EVER-Vital Statistics	\$15.59
Texas.gov Price	\$15.59

Need Help?
Please complete the Customer Information Section

Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

[Edit](#)

Address Stephen McCandless 123 My Street Austin, TX 78756	Phone Number 512-776-3010
Country United States	Email Address stephen.mccandless@dshs.texas.gov

Payment Information

Complete all required fields [*]

Credit Card Number *	Credit Card Type
<input type="text"/>	
Expiration Month *	Expiration Year *
<input type="text" value="Select a Month"/>	<input type="text" value="Select a Year"/>
Security Code *	
<input type="text"/>	
Name on Credit Card *	
<input type="text"/>	

[Next](#)

Transaction Summary

Tx:EVER-Vital Statistics	\$15.59
Texas.gov Price	\$15.59

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

[Edit](#)

Address Stephen McCandless 123 My Street Austin, TX 78756	Phone Number 512-776-3010
Country United States	Email Address stephen.mccandless@dshs.texas.gov

Payment Information ✓

[Edit](#)

Credit Card Visa ****6781 Exp. 05/2022	Name on Credit Card Stephen McCandless
---	--

Verification

I'm not a robot

Transaction Summary

Tx:EVER-Vital Statistics	\$15.59
Texas.gov Price	\$15.59

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.

Please wait

Your payment is being processed.

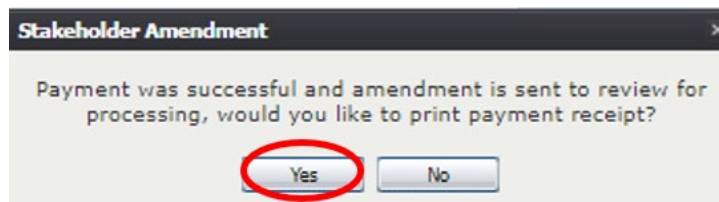
Please do not close your tab or window, and please do not use your browser's Back button.

Note: Within the confirmation, while there will be two duplicate transaction amounts, the credit card was only charged once.

Transaction Summary

Description	Amount
Department of State Health Services Vital Statistics Payment	\$15.59
Texas.gov Price	\$15.59

- Print the PDF version of the receipt offered by TxEVER. This contains the remit number starting with an X so your order can be found if customer service is needed later.



Order Receipt

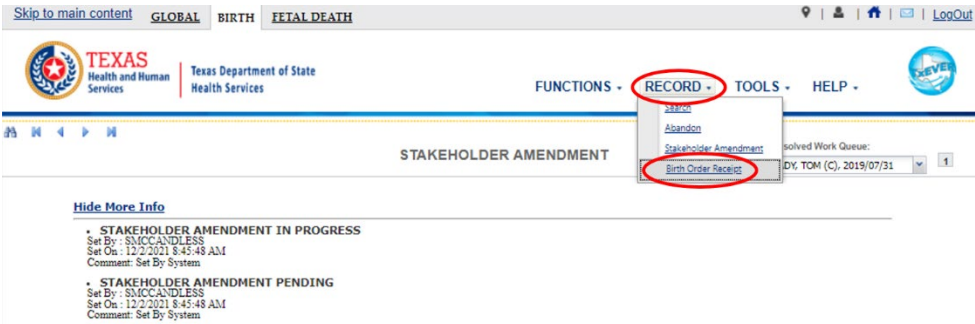
Thank you. Please quote this Remit Number for any queries in future related to this transaction.

Transaction Details

Payment ID	34
Remit Number	X000271
Transaction Date	12/2/2021 8:50:21 AM
Child First Name	TOM
Child Last Name	BRADY
DSHS Price (\$)	15.00
Shipping Fee (\$)	
Texas.gov Price* (\$)	15.59
Requestor First Name	
Requestor Middle Name	
Requestor Last Name	PARKLAND HOSPITAL
Order Number	62183280
Status	Success

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

The receipt PDF can be accessed and printed during another TxEVER session by following steps 1-5, clicking Record and then Birth Order Receipt.



Conclusion

Once submitted, the amendment is not immediately available. It will be entered into a State Review Queue.

If the amendment is rejected, it will be sent to the State Rejection Queue. You will receive a message through TxEVER advising you of the reason for the rejection. The notification will only pop up for a few seconds. You can access your messages by clicking the envelope next to the LogOut link.

