



Amendments +

Team Lead
Belinda Cochran
512-776-2668

Assistant Team Lead
Teresa Bates
512-776-7800

Manager
Cindy Brown
512-776-7482

FAX:
512-776-7109

DSHS – VSU – MC 1966

Mailing Address (with fee):
PO Box 12040
Austin, TX 78711-1204

Mailing Address (correspondence):
PO Box 149347
Austin, TX 78714-9347

Expedited Requests
FedEX, Lonestar, or UPS:
1100 West 49th ST.
Austin, TX 78756

- 
- Birth Amendments
 - Death Amendments
 - Legal Name Changes
 - Disinterment Permits

Amendments Filed in Fiscal 2015

Birth Amendments	9,767
Death Amendments	3,203
Legal Name Changes	3,219
Disinterment Permit	296



Amendment Forms Available On-Line

<http://www.dshs.state.tx.us/vs/reqproc/forms.shtm>

Birth or Death Record Amendment Forms

VS 170 – Application for an Amendment to a Birth Record

VS 172 – Application for an Amendment to a Death Record

VS 2318.1A – Application for Amended Birth Certificate based on a Court Ordered Name Change

VS 271 – Application for Disinterment Permit

VS 271.1 – Disinterment Consent Form

Expedited Services

- Orders must be sent to the Texas Department of State Health Services—Vital Statistics Unit, 1100 W 49th St, Austin, TX 78756 via an overnight mail service, such as: FedEx, Lone Star Overnight, or UPS. Do not send via USPS Priority Mail.
- Additional \$5 for expedite. \$8 return delivery for Lonestar (within Texas) or Fedex (outside of Texas) or \$19.95 for P.O. Box and express mail (optional)
- Incomplete or unacceptable applications will require additional processing time.

Amending a Birth or Death Record

Once a birth or death certificate has been filed, it may only be corrected by presenting satisfactory evidence that a mistake was made on the original record at the time it was completed. Texas Health and Safety Code 191.028.

§ 191.028.AMENDMENT OF CERTIFICATE. (a) A record of a birth, death, or fetal death accepted by a local registrar for registration may not be changed except as provided by Subsection (b). (b) An amending certificate may be filed to complete or correct a record that is incomplete or proved by satisfactory evidence to be inaccurate. The amendment must be in a form prescribed by the department. The amendment shall be attached to and become a part of the legal record of the birth, death, or fetal death if the amendment is accepted for filing, except as provided by Section 192.011(b). (c) Repealed by Acts 1991, 72nd Leg., ch. 14, § 54, eff. Sept. 1, 1991. Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989. Amended by Acts 1991, 72nd Leg., ch. 14, § 54, eff. Sept. 1, 1991.

Amended Birth or Death Record

- The amendment becomes an addendum to the original record – a new record is not created.
- A copy of the completed amendment form will be forwarded to the local registration official in the district where the birth or death occurred.

Application to Amend Certificate of Birth

The application to Amend Certificate of Birth may be used to correct an item left blank or to correct errors made during the completion of the original birth certificate.

Please submit this application (VS-170), supporting document(s), and the statutory filing fee of \$15. To order a certified copy(s) of the amended record; you will need to complete the attached application (VS-142.3) and enclose the appropriate fees. Fees can be combined in one check or money order.



APPLICATION TO AMEND CERTIFICATE OF BIRTH

Submit your application and fee(s) to:
 VITAL STATISTICS UNIT
 DEPARTMENT OF STATE HEALTH
 SERVICES
 P.O. BOX 12040
 AUSTIN, TEXAS 78711-2040
 1-888-863-7111

STATE OF TEXAS NO. _____

NAME _____
Last First Middle

Mailing Address _____ Telephone # _____
(8am-5pm)

City _____ State _____ Zip Code _____

Email Address _____ Signature: _____

PART I. ENTER INFORMATION AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE. IF THE CHILD'S NAME DOES NOT APPEAR ON BIRTH CERTIFICATE, ENTER "NOT SHOWN" IN THE FIRST ITEM. (Type or Print)

1. FULL NAME OF CHILD		2. DATE OF BIRTH
3. PLACE OF BIRTH	4. SEX	5. STATE FILE NO. (if known)
6. FULL NAME OF FATHER		7. FULL MAIDEN NAME OF MOTHER

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED.
 IF CORRECTING NAME, PLEASE IDENTIFY THE COMPLETE FIRST, MIDDLE, AND LAST NAME (Type or Print)

8. LIST ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF OLDER RELATIVE

PART III. THIS SECTION MUST BE SIGNED BY THE ATTENDING PHYSICIAN, PARENTS, OR AN OLDER BLOOD RELATIVE. IF CHILD IS A MINOR, BOTH PARENTS MUST SIGN AFFIDAVIT. This section <u>MUST</u> be signed in the presence of a Notary Public.	
STATE OF TEXAS _____ COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Street Address) _____ (City)	
_____, who is related to the person named in Item I above as _____ (State)	
and who on oath deposes and says that the birth certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.	
Signature _____ Father/Legal Guardian	Signature _____ Mother/Legal Guardian/ Blood Relative, HIM Director
Sworn to and subscribed before me, this _____ day of _____, 20____	
OFFICE USE ONLY	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City and State
WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 196, SEC. 196.003) VS-170 REV. 07/2015	

PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT. TYPES OF DOCUMENTS

- A. ADDING INFORMATION**
 [Items left blank on original certificate]
 [1] children 17 and under Affidavit signed by both parents
 [2] adults, 18 and over Affidavit by older relative
- B. CORRECTIONS IN SPELLING**
 [Names having the same sound] Affidavit by parent(s) or older relative
- C. FIRST OR MIDDLE NAME** Affidavit and one document (see 1 & 2 under A)
- D. SIGNIFICANT CHANGE IN LAST NAME** A certified court order
- E. SEX** Affidavit by medical attendant or affidavit and one document.
 Court Order required if change is a result of gender reassignment surgery.
- NAME OF FATHER**
 [Refer to examples listed under name unless item is left blank]
 [1] To add information when item is left blank A paternity determination (this form cannot be used to add father's name; contact Vital Statistics)

NOTE: IF THERE IS NOT AN OLDER RELATIVE, THE PERSON ON THE BIRTH RECORD CAN SIGN, IF ACCOMPANIED BY AN ACCEPTABLE DOCUMENT.

NOTE: FOREIGN DOCUMENTS, INCLUDING NOTARIES - MUST HAVE APOSTILLE OR LEGALIZATION

NOTE: IF THIS IS A HOSPITAL CORRECTION, THEN ONLY THE HIM DIRECTOR CAN SIGN THE AFFIDAVIT.

NOTE: ALL SUPPORTING DOCUMENTS MUST MATCH THE REQUESTED CORRECTION(S) EXACTLY.

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE CERTIFIED DOCUMENT MUST SHOW THE CORRECT INFORMATION AND HAVE ORIGINAL CERTIFICATION REGARDING THE ITEM(S) TO BE CORRECTED.

- | | | |
|---|--|---|
| <p>1. HOSPITAL RECORD AT BIRTH</p> <p>2. BAPTISMAL CERTIFICATE
Must be within first 5 years of life.</p> <p>3. ELEMENTARY SCHOOL RECORD
Must be signed by custodian of school records based on earliest attendance.</p> <p>4. BIRTH CERTIFICATE OF REGISTRANT'S OLDER BROTHER OR SISTER</p> <p>5. ARMED FORCES DISCHARGE PAPERS</p> | <p>6. NUMIDENT PRINTOUT from the Social Security Administration (SSA) issued by the SSA, Office of Privacy and Disclosure, 617 Altmeyer Bldg., 6401 Security Blvd, Baltimore, MD 21235</p> <p>7. THE PETITION FOR NATURALIZATION that includes the name change. Call the Immigration and Naturalization Service (ICE) at 800-375-5263 to obtain information on how to secure this document.</p> <p>8. FEDERAL CENSUS</p> <p>9. SCHOOL CENSUS</p> | <p>10. MARRIAGE RECORD OF PARENTS
A copy of certificate, license, or application, whichever supplies the required facts. (limited use)</p> <p>11. BIRTH CERTIFICATE(S) OF REGISTRANT'S PARENT(S)</p> <p>12. DIVORCE DECREE (limited use)</p> <p>13. JUDICIAL ACTIONS
A certified copy of any court action affecting any information shown on the birth certificate.</p> |
|---|--|---|

OFFICE USE ONLY	
Cert #	
DOCUMENT CONTROL #	
By _____	



OFFICE USE ONLY	
Remit No.	
By _____	ZZ 708-153

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: DSHS - Vital Statistics. All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22		
Heirloom-Flag	\$60		
Heirloom-Bassinets	\$60		
(optional) \$8.00 Lone Star/FedEx QR, \$19.95 USPS Express return delivery			
			Total

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$20		
Additional Copies	\$3		
(optional) \$8.00 Lone Star/FedEx QR, \$19.95 USPS Express return delivery			
			Total

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

BIRTH/DEATH RECORD INFORMATION

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

REQUESTOR INFORMATION

Requestor Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving Copies, if Different from Requestor		
Mailing Address for Copies, if Different from Requestor		
City	State	Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Your Signature _____ Date of Application _____

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

(APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)

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This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-170)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.
STATE OF _____
COUNTY OF _____
Before me on this day appeared _____ (Name)
now residing at _____ (Address) _____ (City) _____ (State)
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.
Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20_____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

Birth Amendment Guidelines

- There are no restrictions on the name a mother may give her child.
- An item can only be changed or corrected by the amendment process one time.
- You cannot file an amendment to a birth certificate based on adoption or paternity.
- Part 1, 2, or 3 cannot be altered – no mark outs, write-over, etc.
- If the registrant signs the amendment – a supporting document is required.
- Most times one supporting document is sufficient. Acceptable documents must be certified and show the issuing organizations name, address, date of original entry, and date issued. Depending on what is being corrected, it must also show the registrant's correct name, date of birth, and parents names.

Processing Change (Paternity to Amendment)

Parentage is established if the parents are married prior to the birth of the child.

If both parents are not put on the birth record at the time of the child's birth – adding the second parent will be done by amending the birth record.

When adding the father by amendment, a court order is required to change the last name of the child.

Document Guidelines

Subject to Change

Acceptable

- Baptismal
- Numident printout
- Elementary school record
- Birth certificate of older child
- Federal census
- School census record
- Affidavit of older relative
- DD-214
- Naturalization – petition for name change.

Unacceptable

- Certificate of Naturalization
- Insurance cards & policies
- SSA printout
- IRS printout
- SSA card
- Driver License
- Death Certificate
- Passport

Amendment – Affidavit Portion

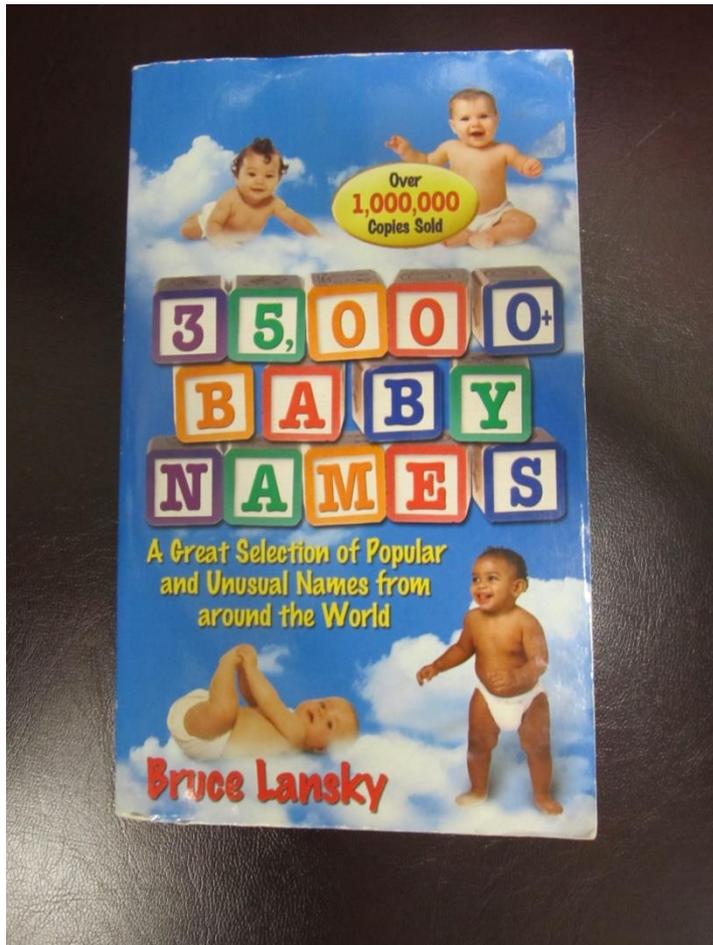
Hospital Error – The affidavit portion of the amendment form should be completed by the hospital birth registrar. The amendment must be signed by the Director of Health Information Management (HIM) or the hospital administrator and be supported with a document.

- An example would be when parent information is switched – mother's name on father's information and father's name where mother's name should appear.
- A parent's name where the registrant's name should appear.

Registrant (18+) – The affidavit portion should be completed by an older blood relative. If there is not an older relative and the registrant signs it must be supported by a document.

Registrant is a minor – BOTH parents must sign the form in the presence of a notary.

Amendment or Name Change?



Margaret – Gita, Greta, Gretchen, Marjorie, Markita, Meg, Megan, Peggy, Reet, Rita

John – Evan, Gian, Giovanni, Handel, Hannes, Hans, Hanus, Honza, Ian, Kwam, Owen, Sean, Zane

Examples – Amend or Change?

Birth record:

Cindy Brown

William Smith

Peggy Jo Jones

Linda Ann Lopez

Arturo Torres

Jaime Ybarra

Change:

Cynthia Ann Brown

Billie Smith

Margaret Jo Jones

~~Maria Linda Ann Lopez~~

Arturo Gomez Torres

~~Jaime Gomez Ybarra~~

Reason's Many Amendments Are Rejected

- Only one parent signed the amendment for a minor child.
- Foreign documents must have an Apostille or Legalization. Acceptance is limited to the Hague Convention. Information regarding the Hague convention can be found at <http://www.hcch.net/upload/conventions/txt12en.pdf>. Apostille and Legalization information can be found at www.apostilleinfo.com
- Paternity order being used for a name change.
- Amendment being used to establish parentage.
- Supporting document(s) need to show correct information, date file, and date issued.
- Scratch outs and write-overs.
- Parts I, II, or III not properly completed.

Reminders

Birth Amendments

- Last Name – Changing a last name is not an amendment.
- We cannot accept applications with whiteout, corrections, mark overs, etc.
- All corrects must match the supporting documents exactly.
- The amendment application is required to be notarized.
- The amendment must be signed by the Director of Health Information Management (HIM) or the hospital administrator and be supported with a document.
- A registrant can have a first, middle, and last name. If one has been left blank they can add a name. If signing form themselves a document is required.
- A baptismal is the only sacrament document that is accepted.
- Foreign Documents must be original certified copies with an apostille. If the country does not apostille documents the document must be authenticated with a legalization. Otherwise, we will need a court order to amend the certificate.
- Notarization – If both parents appear the notary must list both i.e. John Doe and Jane Doe AND “father and mother.”
- Administrative policy can change daily – call our office before advising your customer.

Reminders

Local Registrar Birth Amendments

- Our office cannot file an amendment for a record that is only on file with the local registrar.

AMENDMENT TO DELAYED CERTIFICATE OF BIRTH

TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

PART I. INFORMATION CONCERNING REGISTRANT AS SHOWN ON ORIGINAL BIRTH CERTIFICATE.	
REGISTRANT'S FULL NAME	DATE OF BIRTH
PLACE OF BIRTH (CITY OR TOWN, COUNTY, AND STATE)	STATE FILE NO. (IF KNOWN)

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED.		
ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION

PART III. ORDER OF THE PROBATE COURT.	
STATE OF TEXAS	
COUNTY OF _____	
ON THIS THE _____ DAY OF _____, 20____, APPLICATION WAS MADE TO THIS	
COURT BY _____, NOW RESIDING AT _____	
TO AMEND THE ABOVE-DESCRIBED DELAYED CERTIFICATE OF BIRTH WITH RESPECT TO THE ERROR OR ERRORS AS NOTED. IT HAVING BEEN FOUND BY THIS COURT THAT THE ORIGINAL CERTIFICATE IS IN ERROR AND THAT THE REQUESTED AMENDMENT SHOULD THEREFORE BE AUTHORIZED. IT IS HEREBY ORDERED THAT THE STATE REGISTRAR OF TEXAS AND THE COUNTY CLERK OF THIS COUNTY FILE A COPY OF THIS INSTRUMENT AS AN AMENDMENT TO THE ABOVE-DESCRIBED DELAYED CERTIFICATE OF BIRTH AS PREVIOUSLY APPROVED BY THIS COURT AND RECORDED IN THEIR RESPECTIVE OFFICES.	
_____	COUNTY JUDGE
_____	COUNTY, TEXAS



VS-124 REV. 5/2003

Amending Registrant's Information

Adding Information - Items Left Blank on the Original Certificate (This includes changing an initial to a name with the same first initial)

- Registrant zero (0) to 17 years of age.....Affidavit signed by both parents
- Adult Registrant (18 and over).....Affidavit signed by a parent or older relative

Correcting the Spelling of a First, Middle, or Last Name (Names having the same sound or diminutive and minor misspellings)

- Registrant zero (0) to 17 years.....Affidavit signed by both parents
- Adult Registrant (18 and over).....Affidavit signed by a parent or older relative

Amending Registrant's Information

....Continued

Changing First or Middle Name(s)

(This includes changing a name to the first initial of the same name)

- Zero (0) to 17 years.....Affidavit signed by both parents **AND** one document that supports the change being requested
- Adult (18 years and older).....Affidavit signed by a parent or older relative **AND** one document that supports the change being requested

Changing the Last Name

- Zero (0) to Adult age..... Court Ordered Name Change

Correcting the Sex When Name Identifies Gender

Examples:

Alice, Brenda, Belinda are typical Female names

Rodney, George, Stephen are typical Male names

- Registrant zero (0) to 17 years of age.....Affidavit signed by both parents
- Adult Registrant (18 and over).....Affidavit signed by a parent or older relative

Correcting the Sex When Name Does Not Identify Gender

Examples:

Sam, Terry, Angel, Kelly are typical Male and Female names

- Registrant zero (0) to 17 years of age.....Affidavit signed by both parents **AND** one supporting document
- Adult Registrant (18 and over).....Affidavit signed by a parent or older relative **AND** one supporting document

Amending the Date of Birth

Month/Year of Birth

- You may amend the date of birth up to **One** year as long as the correct date of birth does not exceed the date the attendant or local registrar signed the record, **AND** one strong supporting document must be presented.

Day of Birth

- Zero (0) to 17 yearsAffidavit signed by both parents. A document is recommended to make the amendment stronger.
- Adult Registrants (18 and over).....Affidavit signed by a parent or older relative. A document is recommended to make the amendment stronger.

Amending Parents Information

Changing First or Middle Name(s) (Significant Changes)

- Affidavit signed by the parent affected AND one document that supports the change being requested

Changing the Last Name

- Affidavit signed by the parent affected AND one document that supports the change being requested

Double last name

- Depending on the change being requested, in most cases, the birth certificate of affected parent should be submitted. If the record is a foreign document it will have to have an original apostille. If the county does not apostille documents, but does a legalization that can be accepted. An updated list of apostilles and legalizations can be found at: www.apostilleinfo.com

Case I

- An application is received to add a middle name of a minor child. Both parents sign the affidavit portion but the notary only indicates that she witnessed the fathers signature.
- **Accept or Reject?**

WARNING: The penalty for knowingly making a false statement

AFFIDAVIT OF OLDER RELATIVE	
PART III. THIS SECTION MUST BE SIGNED BY THE ATTENDING PHYSICIAN, PARENTS, AN OLDER SISTER OR BROTHER. IF CHILD IS A MINOR, BOTH PARENTS MUST SIGN AFFIDAVIT.	
This section <u>MUST</u> be signed in the presence of a Notary Public.	
STATE OF TEXAS COUNTY OF <u>Travis</u>	
Before me on this day appeared <u>Johnny Wayne Doe</u>	(Name)
now residing at <u>1100 W 49th St</u>	Austin
<u>TX</u>	(City)
, who is related to the person named in Item I above as <u>Father</u>	
(State)	
and who on oath deposes and says that the birth certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.	
Signature <u>John Wayne Doe</u>	Signature <u>Sissy Joe Doe</u>
Father/Legal Guardian	Mother/Legal Guardian
Sworn to and subscribed before me, this <u>6</u> day of <u>December</u> , 20 <u>12</u>	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City and State	
OFFICE USE ONLY	

VS-170 REV. 12/2005

Answer - Case I

Reject:

- The notary only indicated that the father appeared before them.
- If the affidavit had been filled out correctly, we could've added a middle name to the child's name.

NOTE: Another common error on the notary portion of the affidavit is “Name of Affiant.” This lists the name of the registrant rather than the person(s) appearing before the notary.

Case 2

- A grandparent has been raising their ten (10) year old granddaughter for five (5) years. The grandparent claims the child on her Federal Income Tax Return.
- The grandmother wants to change the child's birth by two (2) days. Can she use the Federal Income Tax Return as a document and sign the affidavit.
- **Accept or Reject?**

Answer – Case 2

Reject:

- The grandmother must have a legal guardianship order to amend the child's birth record. She must present a certified copy of the court order along with an Affidavit to Amend a Birth Record.



Case 3

- An applicant submits a request to change his/her sex due to gender reassignment surgery and a change of name. The customer submits a certified copy of a court order granting the name, a notarized letter from the doctor who performed the gender reassignment surgery, and a completed notarized amendment form.
- **Accept or Reject?**

Answer – Case 3

- **Reject:**
- We would be able to process the legal name change; however, the notarized letter from the doctor is not acceptable to change the sex on the birth record. A certified copy of a court order is needed to change the sex. The court order must order State Vital Statistics to change the sex on the birth certificate from male to female or female to male.

Reminders

A registrant can add a name if one is left blank or an initial is used. If an initial is on the original certificate the name must start with that initial.

We cannot use a Certificate of Naturalization to change a name. We can use the petition for a name change from a Federal Court. It must have the original certification of a clerk of the court. In addition, the name change must have occurred after the child's birth.

All documents must be original or have original certification.

A baptismal is the only sacrament document that is accepted.

Court Ordered Name Change

- You **MUST** have a court order to change the last name of a child. (Exception – Filing paternity.)
- A certified copy of the court order should be submitted with the name change form.
- The order must include the registrants original name and date of birth.
- There are court order name change forms at www.texaslawhelp.org. It is up to the court if they will accept the forms and if they will allow the petitioner to represent themselves.

APPLICATION FOR AMENDED BIRTH CERTIFICATE BASED ON A COURT ORDERED NAME CHANGE

Budget ZZ 708-153

This form may be used to file a legal name change amendment if submitted with a certified copy of a court ordered name change.

This form may **NOT** be used to **ADD** the father's information if the father's information has been left blank on the original birth certificate.

This form may **NOT** be used to **REMOVE** the father's information contained on the original birth certificate.

- The fee to file a legal name change amendment is \$15.00.
- The additional fee of \$22.00 is needed to issue one certified copy of the amended birth certificate.
- The total fee of \$37.00 is needed if one copy of the birth certificate is requested after the change is completed.

Mail fee and documents to: Vital Statistics Unit
P.O. Box 12040
Austin, Texas 78711-2040

Toll free telephone number: (888) 963-7111

REQUIRED INFORMATION

Applicant's Name:	
Mailing Address (street, city, state, zip)	
Telephone	Email

New Name of Registrant

First	Middle	Last
-------	--------	------

Information Currently on the Birth Certificate

1. Full Name of Registrant	First Name	Middle Name	Last Name
2. Date of Birth	Month	Day	Year
4. Place of Birth	City or Town	County	Gender (Sex)
5. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name
6. Full Name of Father	First Name	Middle Name	Last Name

WARNING:
THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 678, SEC 195.003)



Multiple Name Change Court Orders

- If an individual has obtained several court orders changing their name, VSU will require that each order be filed.
- There are times when VSU will receive a 2nd or 3rd court order but the 1st order was never submitted for filing. For tracking purposes VSU will require the 1st, 2nd and 3rd court orders before the request is processed. There will be a filing fee for each court order filed. All court orders submitted must have the original certification of the court.
- If the court ordered show the registrant's married name, we must change the name on the birth record to the married name.

Reminders

Name Changes

- A court order must show name that is listed on the birth record. This includes women who have married – it must show their maiden name. Your customer should verify all items on the birth record to ensure no other changes need to be made.
- The court order should identify the name, date of birth, place of birth, and parents' names.
- We cannot use a Certificate of Naturalization to change a name. We can use the petition for a name change from a Federal Court. It must have the original certification of a clerk of the court. In addition, the name change must have occurred after the child's birth.
- It is up to the court if they will allow you to represent yourself. You should contact the court to determine their policy. If they will allow you to represent yourself there is the possibility that you can use form VS 2318.1A.

Application to Amend Certificate of Death

- The application to Amend Certificate of Death may be used to correct an item left blank or to correct errors made during the completion of the original birth certificate.
- Most can be corrected by the original informant or funeral director.
- Corrections to medical information must be done by the medical certifier by filing a medical amendment.

Mall application, supporting document(s), and the statutory filing fee of \$15.00 to the address listed. This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose additional fee of \$20.00 for the first copy of the amended certificate requested, and \$3.00 for each additional copy.

VITAL STATISTICS UNIT
DEPARTMENT OF STATE
HEALTH SERVICES
P O BOX 12040
AUSTIN TEXAS 78711-2040
1-888-963-7111



STATE OF TEXAS

APPLICATION TO AMEND CERTIFICATE OF DEATH

NO.

Please type or print.

NAME _____		EMAIL ADDRESS: _____	
LAST	MIDDLE	FIRST	
MAILING ADDRESS _____		DAYTIME PHONE (____) _____	
CITY _____		STATE _____	ZIP _____
SIGNATURE _____			

PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON DEATH CERTIFICATE.

1. FULL NAME OF DECEASED _____		2. DATE OF DEATH _____	
3. PLACE OF DEATH (City or County) _____		4. SEX _____	5. STATE OR LOCAL FILE NO. (if known) _____
6. FULL NAME OF FATHER _____		7. FULL MAIDEN NAME OF MOTHER _____	

PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED.

8. LIST ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED BY THE INFORMANT, PHYSICIAN, OR FUNERAL DIRECTOR WHO SIGNED THE ORIGINAL DEATH CERTIFICATE. THIS SECTION **MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

STATE OF TEXAS, COUNTY OF _____

Before me on this day appeared _____
(Name of Affiant)

now residing at _____
(Street Address) _____ (City)
_____, who is related to the deceased named in item 1 above as _____
(State)

and who on oath deposes and says that the death certificate identified in Part I is in error with respect to the entries shown in item 9 above and that the information shown in item 10 is true and correct.

Signature _____

Sworn to and subscribed before me, this day of _____, 20____.

Signature of Notary Public

PART IV. LIST OF DOCUMENTS SUBMITTED WITH THIS APPLICATION.
(See Parts V and VI on reverse side.)

Commission Expires

OFFICE USE ONLY

Typed or Printed Name

Street Address

City and State

Correcting the Date of Death

Effective 10-1-2010

The Date of Death will only be corrected by using the Medical Certification form.

The Medical Certification (VS-174) form must be properly completed.

Note: Applications to Amend that are received by VSU requesting the date of death be corrected will be returned.

Correcting Name of Parent

If a parent of the decedent's name is completely different from the name on the death record a certified copy of the decedent's birth record is required as a supporting document.

PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT.

EXAMPLES OF CORRECTIONS

TYPES OF DOCUMENTS

A. ADDING INFORMATION

[Items left blank on the certificate, excluding cause of death medical information]

[1] Supporting documents may be required (SEE PART VI).....Affidavit signed by informant, Funeral Director In Charge

B. CORRECTIONS IN SPELLING

[1] Supporting documents may be required (SEE PART VI).....Affidavit signed by informant, Funeral Director In Charge

C. CHANGES IN INFORMATION

[1] Relating to Deceased

a. Given Name..... Affidavit signed by Funeral Director In Charge or informant and a document

b. Last Name..... Affidavit signed by Funeral Director In Charge or informant and a document

c. Informant..... Changing the informant requires a court order.

d. Marital Status..... Affidavit signed by original informant. If the original informant is not available or refuses to sign the affidavit, a Court Finding as to the marital status of the deceased at the time of death is required. If changing status to married, must add name of surviving spouse.

e. Date of Birth of Decedent..... Affidavit and one early document (SEE PART VI)

f. Age..... Affidavit by informant or Funeral Director

g. Usual Occupation..... Affidavit by informant, relative, or Funeral Director In Charge

h. Birthplace..... Affidavit by informant, relative, or Funeral Director In Charge and a document

[2] Relating to Parent(s)

a. Given Name(s)..... Affidavit by informant, relative, or Funeral Director In Charge and a document

b. Last Name of Father or Maiden name of Mother..... Affidavit by informant, relative, or Funeral Director In Charge and a document

NOTE: ITEMS 2, AND 26 THROUGH 41 REQUIRE A MEDICAL AMENDMENT

NOTE: ALL SUPPORTING DOCUMENTS MUST MATCH THE REQUESTED CORRECTIONS EXACTLY.

NOTE: ALL OTHER ITEMS REQUIRING CORRECTION SHOULD BE REFERRED TO VITAL STATISTICS FOR INSTRUCTIONS ON POSSIBLE DOCUMENTATION.

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE DOCUMENT MUST SHOW THE CORRECT INFORMATION REGARDING THE ITEM(S) TO BE CORRECTED.

1. BAPTISMAL CERTIFICATE (within 5 years of the time of birth)

2. ARMED FORCES DISCHARGE PAPERS

NOTE

3. BIRTH CERTIFICATE OF DECEDENT'S CHILD

Contact our office to determine if a supporting document is required.

4. BIRTH CERTIFICATE OF DECEASED

Contact our office regarding the required age of the document.

5. DIVORCE RECORD (limited use)

The fee for conducting each search and issuing a certified copy of a death certificate is \$20.00. If more than one certification of the same record is required at the same time, the fee for the first copy of a death record is \$20.00 and \$3.00 for each additional copy of the record requested by the applicant in a single request. For any search of the files where a record is not found or a certified copy is not issued, the fee is \$20.00.

Mall application, supporting document(s), and the statutory filing fee of \$15.00 to the address below. This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose additional fee of \$20.00 for the first copy of the amendment certificate requested, and \$3.00 for each additional copy.

Expedited Services: Orders must be sent to the Texas Department of State Health Services via overnight mail service, such as FedEx, Lone Star Overnight, or UPS. There is an additional \$5 fee for expedited requests. There is an \$8 return delivery fee for Lonestar (within Texas) or FedEx (outside of Texas) or \$19.95 for P.O. Box and express mail (optional).

Mall Expedited Requests to:

Vital Statistics Unit
1100 W. 49th St.
Austin, TX 78756

If we may be of further assistance you may call 1-888-963-7111, Monday – Friday 8am-5pm

Texas Vital Statistics Department of State Health Services
P.O. BOX 12040 Austin, Texas 78711-2040

WARNING: THIS IS A GOVERNMENTAL DOCUMENT. TEXAS PENAL CODE, SECTION 37.10, SPECIFIES PENALTIES FOR MAKING FALSE ENTRIES OR PROVIDING FALSE INFORMATION IN THIS DOCUMENT.



Case 4

A funeral home submits an amendment application to correct the marital status on the death certificate. On the affidavit, the funeral director states “clerical error”.
Accept or Reject?

Answer: Case 4

Reject:

The funeral director can not change the marital status, even if it is a clerical error. The only person who can correct the marital status is the informant listed on the death certificate. If the informant will not sign the affidavit, then we will require a court finding as to the marital status at the time of death.

Case 5

John Smith is a funeral director with ABC Funeral Home. ABC Funeral Home received the first call and picked up the remains at the hospital. The family made an appointment and met with the funeral home. The funeral home received the information for the death record. After discussing the arrangement the family told ABC Funeral Home that they might have to reconsider due to the cost of the arrangements. ABC Funeral Home filed the death certificate after the family left.

The following day the family met with XYZ Funeral Home and decided they would handle the arrangements. The remains were moved to XYZ Funeral Home that day. When copies of the death certificates were received by the family errors were discovered, including funeral home information. XYZ Funeral Home submitted an amendment to correct the errors.

Accept or Reject?



Answer – Case 5

Reject:

The original funeral director must sign the amendment. If he or she is no longer with the funeral home then the funeral director in charge must sign the amendment.

Reminders

Death Amendments

- Marital status can be amended by the informant on the record, the funeral home if it is a funeral home error, or a court finding. If a funeral home error - documentation is required.

Disinterment Permits

- Disinterment Permits are issued by State Vital Statistics to authorize disinterring, transporting, and reinterring a body within the State of Texas.
- A Disinterment Permit is not required if a body is to be disinterred and reinterred in the same cemetery.
- The Application for a Disinterment Permit must be signed by the licensed funeral director or embalmer and submitted with the three (3) part Consent Form.
- The Consent Form consists of the signatures of the cemetery owner, the plot owner, and the closest living next of kin of the decedent.

- 
- Since cremation is considered final disposition, a disinterment permit is not required to remove or transport cremains.
 - You can obtain a disinterment permit when cremains are moved.
 - We must have original signatures on each of the three parts.
 - If we do not have the three signatures a court order is required.
 - A Disinterment Permit can be issued even though a death certificate was never filed with VSU.
 - A Disinterment Permit is good for one year.

APPLICATION FOR DISINTERMENT PERMIT

Please print or type

- 1. Full Name of Deceased:
2. Date of Death: month day year
3. Place of Death: city county state
4. Place of Interment: a. Cemetery b. Section Block Lot Space Unknown c. City County State
5. Place body is to be reinterred: a. Cemetery b. Section Block Lot Space Unknown c. City County State
6. Funeral Director: a. Name b. License Number c. Name of Funeral Home d. Address of Funeral Home e. Telephone Number
7. As a basis for this application, I state that I will, in the disinterment of this body, abide by and obey the State Statutes of Texas, local ordinances, and regulations of the cities and counties in which the disinterment and reinterment are to take place.

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Chapter 195.003, Health and Safety Code)

date signature of Funeral Director

This application, the consent form(s) and the \$25.00 fee must be sent to: Vital Statistics Unit, Department of State Health Services, P.O. Box 12040, Austin, TX 78711-2040. This fee rate was set by the Texas Board of Health and not by the Texas Legislature.



OFFICIAL USE ONLY: Date Approved: Date Issued: State File Number: signature of State Registrar

CEMETERY CONSENT FORM

I (We) hereby give our consent for the disinterment and removal of
_____ who is buried in _____
(Name of Deceased) *(Plot & Block)*
Our records indicate that the plot owner(s) is/are _____

Signature *Date*

Title

Name of Cemetery

PLOT OWNER CONSENT FORM

I (We) hereby certify that we are the owner(s) of record _____
(Plot)
in _____ either by purchase or inheritance and we hereby
give our permission of the disinterment of _____ who is buried
in that plot.

Signature of Owner *Date*

Address

Phone Number

NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the _____ of _____
(Relationship) *(Name of Deceased)*
There are no other living relatives that precede me in the degree of kindred; and I give my
permission for the body to be disinterred and moved to _____
(Name of Cemetery Where Body is to be Interred)

Signature *Date*

Reminders

Disinterment Permits

- The application must be sent with consent forms.
- We must have original signatures on consent forms. You can submit separate consent forms.

Reminders

Miscellaneous

- All documents must be original or have an original certification.
- Please call our office for information regarding the current processing time.
- If a customer plans to drive to Austin the customer should call and speak to a processor in R-108.
- Applications should be mailed to DSHS – VSU, PO Box 12040, Austin, TX 78711-2040.
- Expedited Services - Orders must be sent to the Texas Department of State Health Services—Vital Statistics Unit, 1100 W 49th St, Austin, TX 78756 via an overnight mail service, such as: FedEx, Lone Star Overnight, or UPS. Do not send via USPS Priority Mail.

Additional \$5 for expedite. \$8 return delivery for Lonestar (within Texas) or FedEx (outside of Texas) or \$19.95 for P.O. Box and express mail (optional)

Incomplete or unacceptable applications will require additional processing time.

- Administrative policy can change daily – call our office before advising your customer.