

# ARROWOOD LAW

CHARLIE ARROWOOD, ESQ

## Changing Parental Information on a NYS Birth Certificate

To change a parent's name and parental designation on a birth certificate issued by New York State, assemble the following.

- One certified copy of the name change order.
- One original completed and signed Application for Correction of Certificate of Birth (Form DOH-297, attached)
  - This form cannot be used to change a name, only a parental designation
  - Under "Item in Error," write "Parental Designation"
  - Under "As It Appears," write "Mother/Father"
  - Under "As It Should Be," write "Mother/Father/Parent"
- One original notarized Affidavit to Correct Name or Gender of Parent
  - Form DOH 5721 (attached) if the person whose birth certificate is to be amended is 16 and under
    - If the person whose birth certificate is to be amended is 16 and under, both parents must consent to this change unless the noted categories apply
  - Form DOH 5722 (attached) if the person whose birth certificate is to be amended is 17 and older
    - If the person whose birth certificate is to be amended is 17 and over, the person whose birth certificate is being amended must consent to the change, *and* both parents must consent to the change
- A self-addressed, stamped envelope.

Mail your documents to:

Correction Unit  
Vital Records Section  
PO Box 2602  
Albany, NY 12220

There is no charge for the initial amended birth certificate.

For additional information, contact Diana A. Yang, NYS Registrar and Acting Director of the Bureau of Vital Records, at (518) 474-5245.

**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:

<b>ITEM IN ERROR (Or Omitted)</b>	<b>AS IT APPEARS</b>	<b>AS IT SHOULD BE</b>

Documentary evidence submitted herewith in support of this application includes:

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**EXPLAIN REASON FOR ERROR OR OMISSION:**

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**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.

<b>SIGNATURE OF APPLICANT</b>	<b>RELATIONSHIP TO INFANT</b>	<b>DATE</b>
<b>ADDRESS</b>		

**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.

<b>SIGNATURE OF REGISTRAR</b>	<b>DISTRICT NUMBER</b>	<b>DATE</b>
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## 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 certificate 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. For expedited service, return this form to the local registrar where the birth occurred. Or send to: 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 fictitious 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.

# Affidavit to Correct Name or Gender of Parent for a Person 16 Years of Age or Under

## Affidavit to Correct a Parent's Name or Gender on a Child's Birth Certificate for a Child 16 Years of Age or Under

- By my/our printed name(s) and signature(s) below, I/we agree to being duly sworn and hereby depose and say:
- I/We submit this affidavit in connection with the Application of \_\_\_\_\_  
Name of parent requesting the correction (as it currently appears on child's birth certificate)

for Correction of a Birth Certificate for (check all that apply):

- Name Change
- Gender Designation Correction, if checked, the parent submitting the request has applied for Correction of Gender Designation themselves and:
  - Believes that the gender assigned at birth was incorrect.
  - Is seeking to correct their gender designation on their child's birth certificate.
  - Has been living in their correct gender immediately preceding the application.
- I/We attest that I/we am/are the parent(s) of the minor whose birth certificate is to be corrected and are named on this birth certificate.
- The minor is currently 16 years of age or under and I/we am/are willing to attest on the child's behalf that the child is too young to make that determination and that the parents, in good faith, are making the decision on their child's behalf.
- I/We attest to the fact that this application is not the result of, nor will it cause any fraudulent activity in the future or any activities that would violate any federal, state or local laws.
- I/We hereby affirm that the forgoing is true and correct.

Parent seeking the correction \_\_\_\_\_  
 Print Name Signature Date

Other parent\* \_\_\_\_\_  
 Print Name Signature Date

\*If the other parent named on the birth certificate is unavailable, check reason:

- I attest that the other parent is deceased (provide death certificate).
- I attest that I have made a good faith effort to locate other parent with due diligence and I am not able to locate the other parent after considerable effort.
- I attest that I am the sole legal parent/guardian of this child.

### Below to be completed by Notary Public

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

►  
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name

# Affidavit to Correct Name or Gender of Parent for a Person 17 Years of Age or Older

## Affidavit to Correct a Parent's Name or Gender on a Child's Birth Certificate for a Child 17 Years of Age or Older

- By our printed name(s) and signature(s) below, I/we agree to being duly sworn and hereby depose and say:
- We submit this affidavit in connection with the Application of \_\_\_\_\_  
Name of parent requesting the correction (as it currently appears on child's birth certificate)

for Correction of a Birth Certificate for (check all that apply):

- Name Change
- Gender Designation Correction, if checked, the parent submitting the request has applied for Correction of Gender Designation themselves and:
  - Believes that the gender assigned at birth was incorrect.
  - Is seeking to correct their gender designation on their child's birth certificate.
  - Has been living in their correct gender immediately preceding the application.
- The person whose birth certificate is to be corrected is currently 17 years of age or older.
- We are each named on this birth certificate.
- We attest to the fact that this application is not the result of, nor will it cause any fraudulent activity in the future or any activities that would violate any federal, state or local laws.
- We hereby affirm that the forgoing is true and correct.

Child	_____	_____	_____
	<small>Print Name</small>	<small>Signature</small>	<small>Date</small>
Parent seeking the correction	_____	_____	_____
	<small>Print Name</small>	<small>Signature</small>	<small>Date</small>
Other parent*	_____	_____	_____
	<small>Print Name</small>	<small>Signature</small>	<small>Date</small>

\*If the other parent named on the birth certificate is unavailable, check reason:

- We attest that the other parent is deceased (provide death certificate)
- We attest that we have made a good faith effort to locate other parent with due diligence and we are not able to locate the other parent after considerable effort .
- We attest that I am the sole legal parent/guardian of this child.

### Below to be completed by Notary Public

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

Subscribed and sworn to  
(affirmed) before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

►  
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name