

## APPLICATION TO ADD FATHER TO CHILD'S ALABAMA BIRTH CERTIFICATE

Please complete this form to add the father's information to the birth certificate of the child listed below. Before we begin to process your request, additional information, valid identification (see reverse side) and/or documents are needed. Please answer the following questions and provide the documents as indicated when you return this form. After reviewing the information you provide, we will advise you if other documents will be required or if a court action is needed. If you are not a parent of the child or if you do not have legal custody of the child, we may not be able to process your request.

The fee to prepare the new birth certificate is \$25.00 which includes one certified copy of the new birth certificate. Additional copies of the same record ordered at the same time are \$6.00 each. There is an additional fee of \$15.00 to expedite a request. Make check or money order payable to "State Board of Health." Do not send cash. Fees are not refundable if the action cannot be completed due to non-receipt of the required documents. However, we will return the fee if we determine you are not legally authorized to make the request.

**INFORMATION ON APPLICANT (THIS SECTION MUST BE COMPLETED)** Valid identification must be submitted with a request to change a birth certificate. Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. (Code of Alabama 1975, § 13A-10-109). By signing, you are certifying you have a legal right to the record requested.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name \_\_\_\_\_ Number of Copies \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Your Relationship to Child \_\_\_\_\_

Mail to Name (if Different from You) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I allow the following individual to receive the certificate(s) \_\_\_\_\_

### INFORMATION TO LOCATE CHILD'S BIRTH CERTIFICATE

CHILD'S FULL NAME AS SHOWN ON BIRTH CERTIFICATE \_\_\_\_\_  
First Middle Last

CHILD'S DATE OF BIRTH \_\_\_\_\_ CHILD'S COUNTY OF BIRTH \_\_\_\_\_

MOTHER'S FULL NAME BEFORE FIRST MARRIAGE \_\_\_\_\_

MOTHER'S LEGAL NAME AT TIME OF BIRTH \_\_\_\_\_

### INFORMATION REGARDING CHILD'S PARENTAGE

1. Do you want the father's name added to the child's birth certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you want to change the child's name on the birth certificate when you add the father's name? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Was the mother married to anyone at the time of the child's birth, or within 300 days before the child's birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Have the father and mother married since the child was born?  
**If Yes, send a certified copy of the marriage certificate.** \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Has an individual ever claimed to be the father of this child in court?  
**If Yes, send a certified copy of the court order.** \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Has the child support court or any other type of court ever declared an individual to be the father of this child? **If Yes, send a certified copy of the court order.** \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Has a court established legal custody for this child?  
**If Yes, send a certified copy of the custody order.** \_\_\_\_\_ Yes \_\_\_\_\_ No

8. What is the father's name, date of birth and state of birth?

Father's Name \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_ Father's State of Birth \_\_\_\_\_

**MAIL THIS COMPLETED FORM WITH VALID IDENTIFICATION AND APPROPRIATE FEE TO:**

Center for Health Statistics

Attn: Legitimations

P. O. Box 5625

Montgomery, Alabama 36103-5625

If you have any questions, call 334.206.2637. Visit our website at: [www.alabamapublichealth.gov/vitalrecords](http://www.alabamapublichealth.gov/vitalrecords).

## IDENTIFICATION REQUIREMENTS FOR RESTRICTED ALABAMA VITAL RECORDS

Identification is required of any applicant requesting a restricted Alabama vital record (birth certificate less than 125 years from the date of birth or death certificate less than 25 years from the date of death). The applicant must submit a completed request and **one** form of identification from the **Primary ID** list below. In the event the applicant is unable to provide identification from the Primary ID list, he/she may provide **two** different forms of identification from the **Secondary ID** list.

If the applicant designates another individual to pick up a restricted certificate on his/her behalf, both the applicant **and** the designee must provide acceptable identification.

The completed request, as well as a copy of all identification submitted, will be maintained by the vital records office which processes the request.

<b>Primary IDs Including PHOTO (need at least one, current, expired no more than 60 days)</b>	<b>Secondary IDs (need at least two)</b>
<ul style="list-style-type: none"> <li>- Alabama Driver's License</li> <li>- Out-of-State Driver's License</li> <li>- State-Issued Non-Driver ID</li> <li>- U.S. or Foreign Passport</li> <li>- U.S. Certificate of Naturalization</li> <li>- Certificate of Citizenship</li> <li>- U.S. Military ID</li> <li>- Work ID (If applicant is employee of agency/company making request)</li> <li>- Alien Resident Card (Temporary or Permanent)</li> <li>- U.S. Employment Authorization Card</li> <li>- Citizenship ID Card</li> <li>- Tribal ID</li> <li>- Pilot's License</li> <li>- Boating License</li> <li>- Concealed Weapons License</li> <li>- Ex-Felon ID</li> <li>- Inmate ID issued by the U.S. Dept of Justice w/ following documentation:               <ul style="list-style-type: none"> <li>o Supporting documents from institution if inmate is still in custody, letter of release from institution if inmate has been released</li> </ul> </li> <li>- School ID (Must include current school term)</li> <li>- Alabama Voter Identification Card</li> </ul>	<ul style="list-style-type: none"> <li>- Expired, Government-Issued ID</li> <li>- Utility Bill (No more than 6 months old)</li> <li>- Work ID (If applicant is making personal request)</li> <li>- Vehicle Registration or Vehicle Title</li> <li>- Property Tax Bill</li> <li>- Military Discharge (DD Form 214)</li> <li>- Voter Registration Card</li> <li>- Health Insurance Card</li> <li>- Social Security Correspondence (not Card)</li> <li>- U.S. Selective Service Card</li> <li>- Recent DMV Receipt for Fines Paid</li> <li>- Fishing or Hunting License</li> <li>- Copy of Police Report or other official documents which support theft, in cases where individual's ID has been stolen</li> <li>- Autism Spectrum Card</li> <li>- Immunization (Shot) Record</li> </ul> <p style="margin-top: 20px;"><i>*In special cases where applicant is unable to provide any of these documents, please contact CHS at 334.206.5418.</i></p>