

# APPLICATION TO CHANGE AN ALABAMA BIRTH OR DEATH CERTIFICATE

The fee to amend (correct) an Alabama birth or death certificate is \$20.00 which includes one certified copy of the amended certificate. The fee for Paternity Determinations (Legitimations) and/or Adoptions is \$25.00 which includes one certified copy of the new 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 "Center for Health Statistics." Do not send cash. **Fees are non-refundable.** Indicate the type of certificate you are requesting to be corrected. PRINT the information identifying the certificate in the appropriate section. Only one request may be made per form. You must complete and sign the applicant section or your request cannot be processed. **If 19 years of age or older, the record holder must sign the application when requesting changes to his or her birth certificate.**

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

**Center for Health Statistics  
P.O. Box 5625, Montgomery, Alabama 36103-5625**

Visit our website at: [www.alabamapublichealth.gov/vitalrecords](http://www.alabamapublichealth.gov/vitalrecords).

Birth Certificate Amendments (corrections) may be requested using this form. For further information, call a Birth Amendment Clerk at 334.206.2637.

Refer to the attached Birth Certificate Amendment instructions. In most cases, additional documentation or a court order will be required. **SEE ID REQUIREMENTS ON REVERSE SIDE.**

**\_\_\_ BIRTH**

FULL NAME AS ON BIRTH CERTIFICATE \_\_\_\_\_  
First Middle Last

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

Number of Copies \_\_\_\_\_

COUNTY OF BIRTH \_\_\_\_\_ HOSPITAL \_\_\_\_\_

Requested \_\_\_\_\_

FULL NAME OF MOTHER/PARENT BEFORE FIRST MARRIAGE \_\_\_\_\_

\_\_\_\_\_ FULL NAME OF FATHER/PARENT BEFORE FIRST MARRIAGE \_\_\_\_\_

What changes are you requesting? \_\_\_\_\_

Death Certificate Amendments (corrections) to the personal/demographic information ONLY may be requested using this form. Questions regarding changes or corrections to the medical certification section should be referred to the Death Amendment Clerk at 334.206.2641.

Refer to the attached Death Certificate Amendment instructions. In most cases, additional documentation or a court order will be required. **SEE ID REQUIREMENTS ON REVERSE SIDE.**

**\_\_\_ DEATH**

LEGAL NAME OF DECEASED \_\_\_\_\_  
First Middle Last

DATE OF DEATH \_\_\_\_\_ SSN \_\_\_\_\_ RACE \_\_\_\_\_

Number of Copies \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ COUNTY OF DEATH \_\_\_\_\_

Requested \_\_\_\_\_

FULL NAME OF MOTHER/PARENT BEFORE FIRST MARRIAGE \_\_\_\_\_

\_\_\_\_\_ FULL NAME OF FATHER/PARENT BEFORE FIRST MARRIAGE \_\_\_\_\_

Starting with 1991 deaths, certificates may be issued without a cause of death. Indicate the number of copies of each type of certificate you want:  
\_\_\_\_\_ WITH CAUSE OF DEATH \_\_\_\_\_ WITHOUT CAUSE OF DEATH

What changes are you requesting? \_\_\_\_\_

**APPLICANT SECTION (THIS SECTION MUST BE COMPLETED)** Birth certificates less than 125 years old and death certificates less than 25 years old are restricted records. Valid identification must be submitted with a request to change a birth or death 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 \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Your Relationship to Person Whose Record is Being Requested \_\_\_\_\_

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

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

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

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

## 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><i>*In special cases where applicant is unable to provide any of these documents, please contact CHS at 334.206.5418.</i></p>