



BIRTH RECORD AMENDMENT APPLICATION
 ND DEPARTMENT OF HEALTH AND HUMAN SERVICES
 VITAL RECORDS UNIT
 SFN 60183 (1-2024)

* This application must be signed in front of a notary public.

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name at Birth		2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth (Month, Day, Year)	4. Place of Birth (City, Township or County)		
5. Full Name of Father (First, Middle, Last)			
6. Full Name of Mother (First, Middle, Maiden)			
7. Your Relationship to Person on Line 1* <input type="checkbox"/> Self (must be 18 or older) <input type="checkbox"/> Mother/Father <input type="checkbox"/> Authorized Representative (Needs to include court order) <input type="checkbox"/> Legal Guardian (must include guardianship papers-Social Services must also include employment photo ID)			

INFORMATION TO BE AMENDED (Check only the item(s) to be changed or added and write in the correct information)

Child's Information to be Amended

Items to be Amended	Provide Correct Information	Items to be Amended	Provide Correct Information
<input type="checkbox"/> First Name		<input type="checkbox"/> Date of Birth	
<input type="checkbox"/> Middle Name		<input type="checkbox"/> Sex	
<input type="checkbox"/> Last Name		<input type="checkbox"/> Other	

Mother's Information to be Amended

<input type="checkbox"/> First Name		<input type="checkbox"/> Age	
<input type="checkbox"/> Middle Name		<input type="checkbox"/> Place of Birth	
<input type="checkbox"/> Maiden Name		<input type="checkbox"/> Other	

Father's Information to be Amended

<input type="checkbox"/> First Name		<input type="checkbox"/> Age	
<input type="checkbox"/> Middle Name		<input type="checkbox"/> Place of Birth	
<input type="checkbox"/> Last Name		<input type="checkbox"/> Other	

REQUESTOR INFORMATION

Signature		Date	
Printed Name		Daytime Telephone Number	
Mailing Address	Apartment No.	City	State ZIP Code

NOTARY INFORMATION – All applicants must sign and date in the presence of an authorized notary public.

Date Subscribed to and Sworn Before Me	My Commission Expires	SEAL
County	State	
Signature of Notary Public		

Warning – NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.