

## 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

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

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

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

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) \_\_\_\_\_