Birth Certificate Correction Application Form

Please use blue or black ink ONLY.

### Section 1: What Is Your Name? You Must Be At Least 18 Years Old

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Apartment Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Telephone Number**

- Home
  - Area Code
  - Telephone Number
- Cell
  - Area Code
  - Telephone Number

**Wireless Carrier**

- AT & T
- T-Mobile
- Sprint
- Verizon
- Other _______________________

- Daytime
  - Area Code
  - Telephone Number

### Section 2: Birth Certificate Information

**Birth Certificate Number**

156

**Name on Birth Certificate as it now appears**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sex**

- Male
- Female

**Date of Birth**

Month / Day / Year

**Mother’s Maiden Name**

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Place of Birth**

Name of Hospital, birthing center or if born at home, street address, city, state, ZIP

### Section 3: What Do You Want To Correct?

Please use one line per correction. We cannot accept white-outs or cross-outs; if you make a mistake, please use a new application form.

<table>
<thead>
<tr>
<th>List items to be corrected</th>
<th>Write errors as they appear on birth record</th>
<th>What should it say on birth record?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Child’s First Name</td>
<td>Not Shown</td>
<td>Michael</td>
</tr>
<tr>
<td>Example: Date of Birth</td>
<td>October 16, 2009</td>
<td>October 19, 2009</td>
</tr>
</tbody>
</table>
Section 4: Second Parent Information

If you want to add the name of another parent, please fill out this section. You must have been married prior to the birth of the child. See “How Do I Add the Name of Another Parent?” on page 2.

Name of Second Parent

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name of Second Parent</th>
<th>Parent's Country of Birth</th>
</tr>
</thead>
</table>

Sex □ Male □ Female

<table>
<thead>
<tr>
<th>Second Parent's Date of Birth</th>
<th>Second Parent's Age at Time of Child's Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month / Day / Year</td>
<td></td>
</tr>
</tbody>
</table>

Child's Last Name (as it will appear on the certificate even if it will remain the same)

Signature of Second Parent

Date

Section 5: Sign Your Application

Please sign the form where appropriate. If both parents’ names appear on the birth certificate, both must sign if the child is under 18.

Signature of Mother/Parent/Legal Guardian

Date

Signature of Father/Parent/Legal Guardian

Date

Your Signature (if you are 18 or older and are requesting a correction of your own birth certificate)

Signature of Self

Date

Warning! No person shall make a false, untrue or misleading statement or forge the signature of another on an application required to be prepared pursuant to the New York City Health Code. A violation of the Health Code shall be punishable as a misdemeanor. (NYC HEALTH CODE 3.19)

How to Submit Your Application:

A copy of the corrected certificate costs $15. This fee is waived if you enclose a certified copy of a certificate purchased within the past 3 months and want to exchange it for a corrected certificate.

Figure out the cost:  Processing Fee: $40 (See page 1 for applicable fees. not all corrections have a fee.) $ _________

Copy Fee: number of copies _________ X $15 each $ _________

Total Amount Enclosed: $ _________

Please make your check or money order payable to the: New York City Department of Health and Mental Hygiene. Cash not accepted. Walk-in customers may pay using a credit or debit card.

Make certain you have enclosed everything necessary (please check all that apply):

☐ Completed, signed application with a copy of photo identification for each parent named on birth record
☐ One photocopy of each original or certified copy
☐ Original or certified documents
☐ Payment if applicable
☐ If mailing, self-addressed, stamped envelope.

Submitting false identification is a crime and violators are subject to prosecution.

MAIL TO: NYC Department of Health and Mental Hygiene
Corrections Unit
125 Worth Street, Room 144, CN-4
New York, NY 10013

FOR HEALTH DEPARTMENT USE ONLY

Certification by the NYC Department of Health and Mental Hygiene

This is to certify that I have examined the original record that this application seeks to correct, and any original documents required to verify the correction. There are no omissions or apparent errors in the original record that have not been covered. Therefore, the application is approved.

Signature of Deputy City Registrar

Date

DOCUMENT NO.