

Vital Records Office  
Vermont Department of Health  
280 State Drive  
Waterbury, VT 05671-8370  
802-863-7275 or 800-439-5008 (in VT only)

## Application to Correct or Amend a Vermont Birth Certificate

### Name on Birth Certificate

Name on Birth Certificate (first, middle, last)	Date of Birth (mm/dd/yyyy)
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### Applicant Requesting Change

Name on Birth Certificate (first, middle, last)	Date of Birth (mm/dd/yyyy)
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#### Applicant's relationship to person named on certificate:

- Self
- Parent(s) or Guardian(s)
- Hospital in which the birth occurred
- Certifying Attendant

#### Select one

- Correct or Complete a Birth Certificate** within 6 months from date of birth as per **18 V.S.A. § 5073(a)**
- \*Amend a Birth Certificate** after 6 months from date of birth as per **18 V.S.A. § 5075(a)**

<p><i>* Clearly state the reason for the amendment and list evidence provided:</i></p>
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- **Completions or changes to the child's name within 6 months** of the date of birth requires the signature of both parents if two parents are listed on the birth certificate.

- **Completions or changes to the child's name more than 6 months** after the date of birth requires a certified copy of a **court order**.
- **To add the other parent to the birth certificate:** A Voluntary Acknowledgement of Parentage form, or a court order, is required to add the child's other parent to the birth certificate. The Office of Child Support can help explain the different ways to establish parentage. You may contact OCS at: 800-786-3214 or <https://dcf.vermont.gov/services/child-support/parentage>

**Information to be Corrected/Amended:**

List item to be corrected/amended	Error as it appears on certificate	What should it say on certificate?
<i>Example: Child's first name</i>	<i>John</i>	<i>Jonathan</i>

**I request that the State Registrar prepare and file a corrected or amended certificate of birth.**

Signature of applicant	Printed name	Date (mm/dd/yyyy)
Phone number	Email address	

Signature of 2nd applicant (if required)	Printed name	Date (mm/dd/yyyy)
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Mail application and supporting evidence (for amendments) to:

**Vermont Department of Health  
Vital Records  
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