

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

Civil Division - Civil Actions Branch 500 Indiana Avenue, N.W., Suite 5000, Washington, D.C. 20001 Telephone Number: (202) 879-1133 Website: www.dccourts.gov

PLEASE PRINT

Application to Amend Birth Certificate of an Adult

Filing Fee: \$60 (Payable to Clerk, D	C Courts) by (Cash, Check or N	Money Order in the Ci	vil Clerks Office
Adult's Full Name (As it appears on the Birth Certificate) $\overline{\it First}$		Middle	Last	
Date of Birth			Sex Male	Female
Place of Birth City	Sta		Were parents	married at time of birth? <i>No</i>
Full Name of Mother (As it appears on the Birth Certificate) \overline{First}		Middle	Last	
Maiden Name of Mother				
Full Name of Father (As it appears on the Birth Certificate) $\overline{\textit{First}}$		Middle	Last	
Birth Certificate Number:				
Is the mother/ father Deceased	? Yes N	No	Deceased Full Na	ame
Check all boxes that apply	R	Relationship to t	the adults name on	the Birth Certificate:
Add Adult's Name	Self	Other:		
Correct Spelling of Adult's Name	Applic			
Never Used Name on Birth Certifica	te Full Name	e of Applicant		
Amend Adult's Name to Reflect Father's Name	Address			
Remove a Mother's Name				
Add a Mother's Name	Telephone	e Number		
Correct the Spelling of Mother's Nar	ne Items on t	the Original Bir	th Certificate to be	Corrected and/or Amended
Correct Mother's Date of Birth		Original Entry on Birth Certificate		Certificate
Correct Mother's Place of Birth				
Remove a Father's Name				
Add a Father's Name				
Correct the Spelling of Father's Nan	ie	To De	Corrected Info	· · · · · · · · · · · · · · · · · · ·
Correct Father's Place of Birth		To Be Corrected Information		ormation
Correct Father's Date of Birth				
Other:	-			
	_			

Check all of the Supporting Documents				
	Rejection Letter From Division of Vital Records	Marriage Certificate		
	Identification	Divorce Decree		
	Adult's Birth Certificate	Baptism Certificate		
	Adult's Social Security Card	Copy of Hospital Birth Record Form		
	Adult's Shot Record	Child Support Order		
	Mother's Birth Certificate	DD214 Military Record		
	Father's Birth Certificate	Social Security Summary Statement		
	Elementary School Transcript	Voter's Registration Card (If Applicable)		
-	Voluntary Acknowledgment of Paternity	Employer Verification Showing Name		
	Certified DNA Test (No Home Kit Accepted)	Hired Under		
	Death Certificate	3-5 Years of Tax Records		
	Existing Child Support Order From:	Jurisdiction		
	Other:			

THE APPLICANT HEREBY CERTIFIES THAT (1) THIS APPLICATION HAS NOT BEEN FILED FOR ANY FRAUDULENT OR UNDISCLOSED PURPOSE, STATUS, PAST OR PRESENT AND (2) THE GRANTING OF THE APPLICATION WILL NOT INFRINGE UPON THE RIGHTS OF OTHERS RELATING TO ANY PARTNERSHIP, CORPORATION, PATENT, TRADEMARK, COPYRIGHT, GOODWILL, PRIVACY OR OTHERWISE.

true and correct.	erjury under the law of the t	District of Columbia that the foregoing is
Executed on this the	Day of	, 20
Applicant's Signature		
	25	
	OR	
Sworn to and subscribed before		
Sworn to and subscribed before		
Signature of Notary Public		

909.03, Sec. 16-909.04, Sec. 16-2342.01, Sec. 16-909.09, Sec. 16-2343, Sec. 16-2345, Sec. 16-2346



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

Civil Division - Civil Actions Branch 500 Indiana Avenue, N.W., Suite 5000, Washington, D.C. 20001 Telephone Number: (202) 879-1133 Website: www.dccourts.gov

Order Amending Certificate of Birth				
Full Name (As it appears on the Birth Certificate)	First	Middle	Last	
Case Number				
Birth Certificate Number				
	Certi	ficate of Paternity		
Mother's Name:				
Mother's Date of Birth:				
Mother's Place of Birth:				
Mother's Address:				
M II . 1 . 00N				
Mother's SSN:				
Mother's Education:				
Mother's Race:				
Father's Name:				
Father's Date of Birth:				
Father's Place of Birth:				
Father's Address:				
Father's SSN:				
Father's Education:				
Father's Race:				
Upon consideration of the swor	n Petition to Am	end the Birth Certifica	te filed herein by	
the attachments in support ther	e of. That the P	etitioner(s) filed an ap	plication with the Registra	r of Vital
Records of the District of Colun		• •	•	
		born on		
It is hereby on the da	v of	20	hereby	

Continued

Ordered, that the Amended Birth Certificate reflect the following amendments and\ or corrections: (CHECK ALL THAT APPLY)

Add a Name to the birth certificate	
Correct or amend name on the birth certificate	-
Date of Birth From:	To:
Mother's Full Name (Correct or Amend) From:	To:
Mother's Date of Birth (Correct or Amend) From:	To:
Mother's Place of Birth (Correct or Amend) From:	To:
Mother's Maiden Name (Correct or Amend) From:	To:
Removal of the Mother's Name Date of Birth: Name:	
Add Mother's Name Date of Birth: Name:	
Father's Full Name (Correct or Amend) From:	To:
Father's Date of Birth (Correct or Amend) From:	To:
Father's Place of Birth (Correct or Amend) From:	To:

Continued
Removal of the Father's Name
Date of Birth:
Name:
Add Father's Name
Date of Birth:
Name:
Ordered , that in all other respects said Birth Certificate of the above-named individual shall remain in full force and effect; and it is further
Ordered , that the Bureau of Vital Statistics is directed to make these changes and issue an Amended Birth Certificate in accordance with their requirements reflecting the proper amendments and/ or corrections
Judge's Signature
Print Judge's Name

REVISED - ABC-September 4, 2019