

**AMENDMENT PACKAGE FOR ALABAMA BIRTH AND DEATH CERTIFICATES**  
**ADPH-HS-33/Revised 06/09/2010**

## **Instructions for Requesting Changes to Birth and Death Certificates**

**This Amendment Package provides information to begin the process of changing or correcting an Alabama birth or death certificate. In most cases, additional documentation or a court order will be required.**

### **Birth Certificates**

#### ■ **Birth Certificate Changes/Corrections (Amendments)**

Information on a birth certificate entered in error when the birth certificate was originally prepared may be corrected through an amendment process as specified by law. **Legal documentation or court action may be required to process the amendment.**

The fee to amend a birth certificate is \$20.00 and includes one copy of the amended birth 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.

#### ■ **Legitimations**

Legitimations establish the legal father of a child, allow the father's name to be added to a child's birth certificate, and in some cases allow the child's name to be changed. The following four (4) legitimation methods are legal procedures and can be used only if legal requirements are met. **Documentation in addition to the attached application will be required to change a birth record through any legitimation process.**

1. Probate Court Legitimations are processed by the Probate Courts.
2. Legitimations through Marriage are processed by the Center for Health Statistics.
3. Acknowledgements of Paternity are processed by the County Department of Human Resources or the Center for Health Statistics.
4. Paternity Determinations are processed by the Circuit Courts (Juvenile Division) under the Uniform Parentage Act.

The fee to prepare the new birth certificate following a legitimation is \$25.00 and includes one copy of the new birth 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.

**To request a birth amendment or legitimation**, complete the attached application, indicating the specific changes to be made to the birth certificate. Mail the completed application with the appropriate fee to:

**Center for Health Statistics**  
**Special Services Branch**  
**P.O. Box 5625**  
**Montgomery, AL 36103-5625**

**If you have questions, contact a Birth Amendment or Paternity Specialist at 334.206.2637. Visit our website at [www.adph.org/vitalrecords](http://www.adph.org/vitalrecords).**

## Death Certificates

### ■ **Death Certificate Changes/Corrections (Items 1-36)**

Items 1-36 may be amended by either the funeral home, informant, spouse or parent(s) of the decedent (if listed on the record). The attached application should be completed indicating the changes to be made to the death certificate. Legal documentation or court action may be required to process the amendment. **The original information on the death certificate will not be changed. The amendment will be an affidavit issued with the original certificate indicating the items which were corrected.**

The fee to amend a death certificate is \$20.00 which includes one certified copy of the 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. Mail the completed application form with the appropriate fee to the address provided at the bottom of this page.

### ■ **Updating Information and Making Changes to the Medical Certification of Death Certificates (Items 37-43 and Items 46-57).** The attached application cannot be used for these services. However, instructions for requesting these changes/updates are listed below.

**Only the certifier (physician, coroner, or medical examiner) who signed the death certificate may make corrections/changes in Items 37-43 and Items 46-57.**

#### 1. **Changing a Cause of Death from "Pending"**

When the physician, coroner, or medical examiner receives the autopsy report, he/she should complete a Supplemental Medical Certification Request Form (HS-90). He/she cannot use the attached application for these services.

#### 2. **Updating Information on the Cause of Death or Other Corrections/Changes to the Medical Certification Section of the Death Certificate**

The physician, coroner, or medical examiner may make corrections or changes to the medical certification section of the death certificate by completing the Supplemental Medical Certification Request Form (HS-90). He/she cannot use the attached application for these services.

#### 3. **To Request a Supplemental Medical Certification Request Form (HS-90)**

The certifier should contact the Center for Health Statistics at 334.206.2641 or FAX the request to 334.206-2659. When the Supplemental Medical Certification Request Form (HS-90) has been completed, it should be mailed to the address provided below.

**Center for Health Statistics  
Special Services Branch  
Death Amendment Clerk  
P.O. Box 5618  
Montgomery, AL 36103-5618**

Due to the legal issues involved with the amendment of some items, questions regarding amendments to a death certificate should be referred to 334.206.2641.

**Revised: June 9, 2010**

# 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 "State Board of Health." **FEES ARE NON-REFUNDABLE.** Check the box beside 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 AND APPROPRIATE FEE TO:

Alabama Department of Public Health, Center for Health Statistics, P. O. Box 5625, Montgomery, Alabama 36103-5625  
Website address: [www.adph.org/vitalrecords](http://www.adph.org/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.

**BIRTH**

FULL NAME AT BIRTH \_\_\_\_\_  
First Middle Last Name

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

of Copies COUNTY OF BIRTH \_\_\_\_\_ HOSPITAL \_\_\_\_\_

Requested FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

What changes are you requesting? \_\_\_\_\_

Death Certificate Amendments (corrections) to the personal information ONLY (Items 1 through 36) may be requested using this form. Questions regarding changes or corrections to the medical certification section should be referred to the Death Amendment Specialist at 334.206.2641.

Refer to the attached Death Certificate Amendment Instructions. In most cases, additional documentation or a court order will be required.

**DEATH**

DECEASED FULL NAME \_\_\_\_\_  
First Middle Legal Last Name

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

of Copies SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ COUNTY OF DEATH \_\_\_\_\_

Requested FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

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. 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 Ala. 1975, (§ 13A-10-109). By signing this form, you are certifying you have a legal right to the record requested.

Signature of Applicant \_\_\_\_\_

Print Applicant Name \_\_\_\_\_

Mail to Name (if Different from Applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Your Relationship to Person Whose Record is Being Requested \_\_\_\_\_

I allow the following individual to pick up the certificate(s): \_\_\_\_\_