



SHL

The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

Amending a Birth Certificate Questionnaire

I am providing this information for the purpose of completing an Amending a Birth Certificate Questionnaire. I understand that I am having my documents prepared by a Legal Document Assistant and if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network is not composed of attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

Name

Date

Signature

Amending a Birth Certificate to Add or Amend Questionnaire

(Please Print)

1. Name of person applying for the amendment:

2. Your phone number: _____

3. What is your relationship to the child: _____

4. Full Name of Child:

First Middle Last

4. Date of birth: _____ 5. Sex: Male Female

6. **Place of Birth:**

Hospital Name: _____

Address: _____

City State Zip (County)

7. **Father's Information:**

Full Name: _____

Date of Birth: _____ Social Security #: _____

Current Address: _____

City State Zip (County)

8. Mother's Information:

Full Name: _____

Date of Birth: _____ Social Security #: _____

Current Address: _____

City State Zip (County)

9. Please state what information you are changing or adding:

name of father name of mother name of child

Other _____

10. changing from: _____

changing to _____

changing from _____

changing to _____

changing from _____

changing to _____

11. Why are you changing or adding this information?

12. Is this child adopted? Yes No

It can take 7 months to process based on the workload of the Office of Vital Records.