



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

To enter the father's name on your child's birth certificate and to change the child's name, please complete the enclosed affidavit forms. These forms *must* be signed before a **Notary Public**. Both parents must agree on the child's name and a copy of their marriage license must be enclosed. Otherwise, the child's name will remain as it appears on the original birth certificate. In this case, a court order will be required to change the child's name.

Thank you for your cooperation. If you have any questions, please call us at (518) 474-2013.

Thank you,

New York State Department of Health
Vital Records Section
Amendment Unit
P.O. Box 2602
Albany, New York 12220-2602

Enclosures

State of _____ }
County of _____ } SS.

I, _____, being duly sworn, depose and say:
Name of Mother

THAT I reside at _____,
Mother's Current Address

and I am the biological mother of _____, a child born
Name of Child as Now Recorded on Birth Certificate
on _____ at _____, New York.
Child's Date of Birth Child's Place of Birth

THAT when this child was born I was married to _____, father of the child.

We were married on _____ at _____, and have never been divorced.
Date of Marriage Place of Marriage

THAT _____ erred in completing the information as to parentage of said child.

THAT the original Certificate of Live Birth for _____ should be
Name of Child
corrected to note _____ as the father.
Name of Father

THAT my Social Security Number is _____.

THAT my birthplace is _____.

THAT my birth date is _____ / _____ / _____.
Month Day Year

Print Child's name as it should now appear:

_____ on the corrected birth certificate.
Child's Name: First Middle Last

I swear under the penalty of perjury that the information I provided on this form is true and accurate.

Signed _____
Mother

Sworn to Before me this _____ Day

Of _____, _____.

Notary Public

State of _____ }
County of _____ } SS.

I, _____, being duly sworn, depose and say:
Name of Father

THAT I reside at _____,
Father's Current Address

and I am the biological father of _____, a child born
Name of Child as Now Recorded on Birth Certificate
to _____, on _____,
Name of Mother of Child Child's Date of Birth
at _____, New York.
Child's Place of Birth

THAT when this child was born I was married to _____, mother of the child.

We were married on _____ at _____, and have never been divorced.
Date of Marriage Place of Marriage

THAT _____ erred in completing the information as to parentage of said child.

THAT the original Certificate of Live Birth for _____ should be
Name of Child
corrected to note _____ as the father.
Name of Father

THAT my Social Security Number is _____.

THAT my birthplace is _____.

THAT my birth date is _____ / _____ / _____.
Month Day Year

Print Child's name as it should now appear:

_____ on the corrected birth certificate.
Child's Name: First Middle Last

I swear under the penalty of perjury that the information I provided on this form is true and accurate.

Signed _____
Father

Sworn to Before me this _____ Day

Of _____, _____.