

# Supplemental Report of Given Name

FOR OFFICE USE ONLY
Receipt No.
Register No.
Recorded District No.
State No.
Year

**Please Print or Type**

Surname of Child		Sex of Child	Place of Birth	
Child's Date of Birth		Mother's Maiden Name		
		First	Middle	Last
Twin, Triplet or Other? (To be answered only in event of plural births.)	Number in order of Birth	Father's Name		
		First	Middle	Last
I hereby certify that the child described herein has been named				
		First	Middle	
Sworn to Before me This				
_____ Day of _____, _____		Signed _____		
_____				
(Notary Public)				
Present Mailing Address				
Name _____				
Address _____				
City _____ State _____ Zip Code _____				

## INSTRUCTIONS

- PURPOSE:** This form may be used only to add the given name to a birth certificate if the given name was omitted at the time the birth certificate was originally filed. This form may not be used to correct errors. For correction of errors, please request the appropriate form from the New York State Department of Health or your local Registrar of Vital Statistics.
- SIGNATURE:** This form must be completed and signed by:  
The Individual - If 18 years of age or older. -- OR -- A Parent - If the child is a minor (under age 18).
- COPY:** If you want a certified copy of the birth certificate after the given names have been added, please enclose a \$30.00 check or money order, payable to the New York State Department of Health.
- RETURN TO:** Vital Records Section  
Correction Unit  
P.O. Box 2602  
Albany, NY 12220-2602

## FOR REGISTRAR OF VITAL STATISTICS

My signature on this form indicates that the local record has been amended.

\_\_\_\_\_ Registrar

\_\_\_\_\_ Date