

APPLICATION FOR AMENDMENT

Complete and return this form with the documentary evidence required if you wish to amend the original birth certificate. **SEE INSTRUCTIONS AND LIST OF SUGGESTED EVIDENCE ON REVERSE SIDE.** (NOTE: If this record is to be used for Social Security or Passport purposes, check with that office before amending this record.) **[PLEASE ENCLOSE A PHOTOCOPY OF APPLICANT'S CURRENT PHOTO IDENTIFICATION WHEN SUBMITTING THIS FORM.]**

State of _____)

County of _____)

1. Please list information as it currently appears on the birth certificate you want to amend:

Name at birth _____
 County of birth _____ Date of birth _____
 Father/Parent Name at Birth _____
 Father/Parent Current Legal Name _____
 Mother/Parent Name at Birth _____
 Mother/Parent Current Legal Name _____

2. List items to be corrected:

As Now Listed on Record	Correct Information
_____	_____
_____	_____
_____	_____
_____	_____

3. If adding father's name to record, please complete the following:

Father/Parent Social Security Number _____ Mother/Parent Social Security Number _____

4. I hereby swear that the information listed above is true and correct to the best of my knowledge:

Signature _____
 (Must be signed by one of the parents, the registrant if legal age, or the individual responsible for filing this certificate).
 Relationship _____ Phone Number _____
 Address _____
 City _____ State _____ Zip _____
 State of _____)
 County of _____)
 The foregoing instrument was acknowledged before me this _____ Day of _____, 20_____
 By _____
 (Name of person acknowledged)

 Notary Public

5. Fee Required. (Please make checks payable to Vital Records)

\$16.00 to correct the record..... = \$16.00
 Number of certified copies of amended record _____ x \$17.00 each..... = _____
 TOTAL AMOUNT ENCLOSED..... = _____

FOR VITAL RECORDS USE ONLY.

Evidence Accepted: _____ Code: _____
 1. _____
 2. _____
 3. _____
 4. _____ Date Amended _____
 5. _____ By Whom Amended _____

INSTRUCTIONS

Corrections made during the first year require one item of documentary evidence.

Corrections made more than one year after birth require two or more items of documentary evidence.

Only one item of documentary evidence is required to add the name to a birth record that has been filed without the given names being listed.

Applicant will be required to list the social security numbers of the mother and father if paternity is being established pursuant to Nebraska Revised Statute §71-601.

This application **MUST** be signed in the presence of a notary public.

The documentary evidence must have been established five years prior to application or within seven years of the date of birth. Only original documents or certified copies of the originals are acceptable. Affidavits of personal recollection are not acceptable.

THE EVIDENCE SUBMITTED MUST LIST THE INFORMATION EXACTLY AS IT IS TO BE SHOWN ON THE BIRTH CERTIFICATE AND RELATE TO THE DATE OF BIRTH OR PLACE OF BIRTH OR PARENTAGE. (PLEASE ENCLOSE A PHOTOCOPY OF APPLICANT'S CURRENT PHOTO IDENTIFICATION WHEN SUBMITTING THIS FORM.)

Suggested Document
Which May Be Submitted

Where Obtainable

Baptismal record	Church where baptized
Federal census record	Bureau of the Census P.O. Box 1545 Jeffersonville, IN 47131
Insurance policy application	Insurance company
School census record	Superintendent of District where attended
Birth certificate of child	Vital Statistics Office of state where child was born
Application for marriage license	State Vital Statistics Office or County Court where license was obtained
Voter Registration	Election Commissioner or County Clerk
Military service record	Appropriate branch of service

The documentary evidence, application, and fees should be sent to:

**Vital Records Office
P.O. Box 95065
Lincoln, NE 68509-5065**

For assistance or more information, feel free to call our office at (402) 471-0918.

Please include a self-addressed business sized envelope.