



Correcting a Birth Certificate

Who Can Apply for a Correction?

- The person named on the certificate if he/she is at least 18 years old.
- Parents or guardians of the person named on the certificate.

Anyone applying must submit current, signed photo identification. If both parents names appear on the record, both must sign application and submit photocopy of each parent's identification. We accept photocopies of identification with mailed applications. Photocopies must be clear and include front and back of identification.

If the hospital where your child was born made a mistake on the birth certificate, the hospital can correct the certificate before your child's 1st birthday. You must submit your application and the newborn certificate you received to the hospital.

How Do I Make a Correction?

- Submit original documents (for example, a marriage record or a religious document) on official letterhead or with an original seal depending on the kind of correction you want (photocopies or notarized copies are **NOT** accepted). See *Box 1*.
- Submit one photocopy with each of the original documents to speed processing.
- Complete and sign the application.
- **Pay a \$40 fee for most corrections plus \$15 per copy of each new certificate.** See *Page 2*.
- If you are applying by mail, include a self addressed, stamped envelope so that we can return your documents.

What Kind of Document Do I Need?

Generally, a document must have been established prior to the child's 7th birthday OR it must be at least 10 years old. This helps us establish that the documentation you are submitting is legitimate. Documents should include the following:

- Child's Name
- Listed Date of Birth
- Parent's Name(s)

If your documents are in a language other than English, you also must provide an English translation. Embassies and consulates often will translate official documents for you. We also accept translations from established translation services. If you can't provide the required documents, ask us for help by contacting (212) 788-4540.

Box #1: Document List

I Want To . . . <i>(please check all that apply)</i>	You will need one of the documents below: (see document list on page 2)
<input type="checkbox"/> Add child's first and middle name BEFORE child's 1 st birthday. This correction can also be made at the hospital of birth. No Fee	None
<input type="checkbox"/> Add name of another parent. No Fee	See <i>Box 2</i>
<input type="checkbox"/> Correct an error made by the hospital of birth before child's 1 st birthday. This correction can also be made at the hospital of birth. No Fee	1
<input type="checkbox"/> Correct an error made by the hospital after child's 1 st birthday	1
<input type="checkbox"/> Correct child's first or middle name, or add a child's middle name ONLY BEFORE child's 1 st birthday <i>Example: Dabid to David</i>	1, 2, 4, 6 or 7
<input type="checkbox"/> Add or correct spelling of child's first or middle name AFTER child's 1 st birthday	1, 2, 3, 4, 5, 6 or 7
<input type="checkbox"/> Correct spelling of child's last name (all documents must be dated PRIOR to birth of child)	9, 10, 11 or 12
<input type="checkbox"/> Correct child's date of birth or sex	1
<input type="checkbox"/> Correct spelling of parent's information	8, 10 or 12
<input type="checkbox"/> Legal name change <i>Example: June to Edna</i>	13
<input type="checkbox"/> Remove information	14

List of Documents Accepted by the New York City Health Department

1. Letter from hospital where child was born including child's correct name, date of birth, and parent's name(s).
2. Immunization record
3. First census record taken after birth or census taken at least 10 years ago (federal or state)
4. Letter from physician including treatment dates
5. School admission letter including date of admission
6. Religious document
7. Child's life insurance policy
8. Parent's birth certificate (for corrections of child's last name, the certificate of the parent who has the child's last name is required)
9. Parent's passport
10. Parent's marriage record if parents were married before child's birth (New York State does NOT recognize common law marriage)
11. Parent's naturalization certificate
12. Birth certificate of an older brother or sister
13. You must go to Civil Court for a name change order
14. Usually requires a State Supreme Court Order UNLESS the hospital of birth made a mistake

How Do I Add the Name of Another Parent?

Adding the name of another parent to a birth certificate, typically the father, depends on the marital status of the mother. Married same sex parents also can add their names to birth certificates. Use Box 2 to find out what you must do.

Marriage records or other documents MUST be submitted with the application. In cases where the parent has been married more than once, divorce records also must be submitted.

New York City recognizes same sex marriage performed in other states, Washington DC and abroad. It does NOT recognize common law marriage.

Box #2: Adding Another Parent's Name

Marital Status of Parent	You Need To:
Mother not married during pregnancy and not married now and wants to add a father	Complete an Acknowledgment of Paternity Form (DSS 4418) or go to Family Court for an Order of Filiation
Mother married during pregnancy, want to add spouse's name (male or female)	If you were married at the time of your child's birth, complete Section 4 of the application
Mother not married during pregnancy but now married to biological father	Complete an Acknowledgment of Paternity form (DSS 4418) or go to Family Court for an Order of Filiation
Mother married after birth but not to biological father	Go to Family or Supreme Court for an Order of Adoption
Mother married to a male during pregnancy but not to biological father	Go to Family Court for an Order of Filiation
Same Sex Parents (Female) not married	Go to Family or Supreme Court for an Order of Adoption
Same Sex Parents (Male) not married	Only biological fathers can be listed unless you go to Family or Supreme Court for an Order of Adoption

Acknowledgment of Paternity Forms (DSS 4418) are available in the Corrections Department lobby and enclosed with all applications ordered by mail. Not available online.

How Much Does It Cost to Make a Correction?

The Health Department charges a \$40 application processing fee to make most corrections. Where fees apply, the application is only \$40 even if more than one item is corrected.

Birth Certificate Corrections

Application Fee Applies:

1. Adding a child's given name by family more than 60 days after birth
2. Family's errors and omissions, except adding a given name within 60 days of birth
3. Hospital and licensed midwife errors and omissions after 12 months
4. Adoptions (Court Order only for NYS adoptions. For out-of-state adoptions also submit form VR60)
5. Transgender
6. Re-submitting an application more than 1 year after rejection.

No Application Fee Applies:

1. Acknowledgments of Paternity
2. Orders of Filiation (paternity)
3. Establishment of parentage
4. Adding a child's given name
 - a. If submitted by family within 60 days of birth to the Health Department
 - b. If submitted by hospital with 12 months of date of birth
5. Correcting hospital errors and omissions
 - a. If submitted by family with a letter from the hospital admitting the error within 12 months of birth
 - b. If submitted by the hospital of birth within 12 months of birth
6. Use form VR34 for Delay Registration of Birth.

Section 4: Additional Parent Information

To add the name of a father or a same sex parent, you must have been married prior to the birth of the child. See "How Do I Add the Name of Another Parent?" on page 2.

Name of Additional Parent

First Name

Middle Name

Last Name of Additional Parent

Sex Male Female

Additional Parent's
Date of Birth

Month

Day

Year

Additional Parent's Age
at Time of Child's Birth

Child's Last Name (as it will appear on the certificate
even if it will remain the same)

Signature of Additional Parent

Date

Section 5: Sign Your Application

Please sign the form where appropriate. **If both parents' names appear on the birth certificate, both must sign if the child is under 18.**

Signature of Mother/Parent/Legal Guardian	Date
Signature of Father/Parent/Legal Guardian	Date

Your Signature (if you are 18 or older and are requesting a correction of your own birth certificate)

Signature of Self	Date
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Warning! No person shall make a false, untrue or misleading statement or forge the signature of another on an application required to be prepared pursuant to the New York City Health Code. A violation of the Health Code shall be punishable as a misdemeanor. (NYC HEALTH CODE 3.19)

Section 6: Certification by the NYC Department of Health and Mental Hygiene

This is to certify that I have examined the original record that this application seeks to correct, and any original documents required to verify the correction. There are no omissions or apparent errors in the original record that have not been covered. Therefore, the application is approved.

_____ Signature of Deputy City Registrar	_____ Date	DOCUMENT NO. <input type="text"/>
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How to Submit Your Application:

A copy of the corrected certificate costs an additional \$15. This fee is waived if you exchange a Newborn Certificate for one (1) corrected certificate before the child's 1st birthday, or if you enclose a copy of a certificate that has been corrected within the past 3 months and ask to exchange it for one corrected certificate.

Figure out the cost: Processing Fee: \$40 (See page 2 for applicable fees. \$ _____
Not all corrections have a fee.)
Copy Fee: number of copies _____ X \$15 each \$ _____
Total Amount Enclosed: \$ _____

Please make your check or money order payable to the: **New York City Department of Health and Mental Hygiene.**
Do **NOT** send cash by mail. Walk-in customers may also pay using a credit or debit card.

Make certain you have enclosed everything necessary (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Completed, signed application with a copy of photo identification for each parent named on birth record | <input type="checkbox"/> Payment if applicable |
| <input type="checkbox"/> Original or certified documents | <input type="checkbox"/> If using drop box in lobby at 125 Worth Street, bottom half of receipt form |
| <input type="checkbox"/> One photocopy of each original or certified copy | <input type="checkbox"/> If mailing, self-addressed, stamped envelope. |

MAIL TO: NYC Department of Health and Mental Hygiene
Corrections Unit
125 Worth Street, Room 144, CN-4
New York, NY 10013

If you are applying in-person, drop off your completed package in the lobby at 125 Worth Street. See drop box for instructions.