

# Application to Amend a Kansas Birth Certificate

Name of Requestor: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Person requesting the amendment)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Request (PLEASE BE SPECIFIC) \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Requestor:  \_\_\_\_\_

**\*IMPORTANT:** The person requesting the amendment must submit a copy of their identification.

## Fees

K.A.R. 28-17-6 requires a \$15.00 fee for any search of files necessary for preparing an amendment to a birth certificate.

**IF THE CERTIFICATE IS NOT LOCATED, THE \$15.00 FEE MUST BE RETAINED BY THIS DEPARTMENT FOR THE DOCUMENT SEARCH.**

In addition, the fee for each certified copy is \$15.00. The correct fee(s) must be submitted with the request.

Make checks or money orders payable to Kansas Vital Statistics. For your protection, do not send cash.

## Birth Information on Legal Certificate

Name on Birth Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
City and County (must be in Kansas)

Hospital of Birth: \_\_\_\_\_

Full Maiden Name of Mother: \_\_\_\_\_ Birthplace of Mother: \_\_\_\_\_

Full Name of Father/Parent: \_\_\_\_\_ Birthplace of Father/Parent \_\_\_\_\_

Number of Copies Ordered: \_\_\_\_\_ Total: \$ \_\_\_\_\_

### **\*Requirements-Read before turning in application.**

- 1) This request form must be completed.
  - 2) Enclose a copy of both front and back of a current legal photo ID.
  - 3) Enclose appropriate fees.
  - 4) Person requesting the certificate must sign above.
  - 5) If submitting by mail, enclose a self-addressed stamped envelope.
- \*Request will be returned if the above steps are not completed correctly.

Kansas Office of Vital Statistics  
1000 SW Jackson, Suite 120  
Topeka, KS 66612-2221

### **OFFICE USE ONLY**

Typed/ID# \_\_\_\_\_

Payment Type      CASH      CHECK      CCARD      MO

**INITIAL**