

REQUEST TO ADD FATHER TO CHILD'S ALABAMA BIRTH CERTIFICATE

Please complete this form to add the father's information to the birth certificate of the child listed below. Before we begin to process your request, additional information and/or documents are needed. Please answer the following questions and provide the documents as indicated when you return this form. After reviewing the information you provide, we will advise you if other documents will be required or if a court action is needed. If you are not a parent of the child or if you do not have legal custody of the child, we may not be able to process your request.

The fee to prepare the new birth certificate is \$25 which includes one certified copy of the new birth certificate. Additional copies of the same record ordered at the same time are \$6.00 each. Make check or money order payable to "State Board of Health." Note that fees are not refundable if the action cannot be completed because you did not provide the appropriate legal documents. However, we will return the fee if we determine you are not legally authorized to make the request.

INFORMATION ON PERSON MAKING REQUEST By signing, you are certifying you have a legal right to the record requested.
(THIS SECTION MUST BE COMPLETED) Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. Code of Ala. 1975, § 13A-10-109.

Your Signature: _____ Date: _____

Print Your Name: _____ Daytime Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your Relationship to Child: _____

Number of Birth Certificate Copies Requested: _____ Fee Enclosed: \$ _____

INFORMATION TO LOCATE CHILD'S BIRTH CERTIFICATE

Full Name of Child as Shown on Birth Certificate: _____

Date of Child's Birth: _____ County of Child's Birth: _____

Mother's Full Maiden Name: _____

Mother's Legal Name at Time of Birth: _____

INFORMATION RELATING TO SITUATION AT TIME OF BIRTH

[Needed to determine appropriate legal requirements for making requested change(s) to birth record].

1. Do you want the father's name added to the child's birth certificate? _____ Yes _____ No

2. Do you want to change the child's name on the birth certificate when you add the father's name? _____ Yes _____ No

3. Was the mother married to anyone at the time of the child's birth, or within 300 days before the child's birth? _____ Yes _____ No

4. Have the father and mother married since the child was born?
If Yes, send a certified copy of the marriage certificate. _____ Yes _____ No

5. Has an individual ever claimed to be the father of this child in court?
If Yes, send a certified copy of the court order. _____ Yes _____ No

6. Has the child support court or any other type of court ever declared an individual to be the father of this child? **If Yes, send a certified copy of the court order.** _____ Yes _____ No

7. Has a court established legal custody for this child?
If Yes, send a certified copy of the custody order. _____ Yes _____ No

8. What is the Father's name, date of birth, and state of birth?

Father's name: _____

Father's date of birth: _____ Father's state of birth: _____

MAIL THIS COMPLETED FORM WITH THE APPROPRIATE FEE FOR THE NUMBER OF COPIES REQUESTED TO:

Center for Health Statistics

P. O. Box 5625

Montgomery, AL 36103-5625

If you have questions, call a Paternity Specialist at 334. 206.2637. Visit our website at: www.adph.org/vitalrecords