

BIRTH CERTIFICATE AMENDMENT

IMPORTANT NOTE ABOUT THIS PACKET

“Petitioner”: The first and last name of the person who is filing this action

- This petition must be supported with evidence, including the enclosed affidavit, and any other evidence why the birth certificate should be amended.
 -
 - If a judge grants your petition, you will have to apply for the amendment through the Department of Public Health. The new birth certificate will read “AMENDED”
 - **DO NOT** use this packet to change your child’s name. You will need the [Name Change – Minor Child Packet](#) instead.
-

Q: Do I have to file a court case?

A: In some situations, you may complete an [Affidavit for Amendment](#) and submit your supporting evidence directly to the Department of Public Health. This process is administrative in nature. You should check with the Department of Public Health to determine whether you qualify for administrative amendment.

Q: When do I file a Petition to Amend my child’s birth certificate?

A: This packet should be filed in situations when Georgia law requires the Department of Public Health to make changes according to a court order. Common examples are the following:

- Change the year of birth by more than one year
- Correction of any item on a delayed birth certificate;
- Removal of the name of a father from a birth certificate.

Q: There was a recent order granting legitimization. Do I file these forms to add the father’s name to the birth certificate?

A: You do not file this packet if you already have a court order. You should go to the Office of Vital Records with a certified copy of the order granting legitimization in order to add the father’s name to the birth certificate.

OPTIONAL FORM:

If you are unable to afford the filing fees, you may ask the Court to waive the fees by completing the [Affidavit of Indigence and Eligibility to Proceed in Forma Pauperis \(Pauper’s Packet\)](#) and submit along with your other completed forms to the Clerk of Superior Court.

General Civil and Domestic Relations Case Filing Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Filed _____ Case Number _____
MM-DD-YYYY

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix

Defendant(s)

Last	First	Middle I.	Suffix	Prefix

Plaintiff's Attorney _____

Bar Number _____

Self-Represented

Check One Case Type in One Box

General Civil Cases

- Automobile Tort
- Civil Appeal
- Contract
- Garnishment
- General Tort
- Habeas Corpus
- Injunction/Mandamus/Other Writ
- Landlord/Tenant
- Medical Malpractice Tort
- Product Liability Tort
- Real Property
- Restraining Petition
- Other General Civil

Domestic Relations Cases

- Adoption
- Dissolution/Divorce/Separate Maintenance
- Family Violence Petition
- Paternity/Legitimation
- Support – IV-D
- Support – Private (non-IV-D)
- Other Domestic Relations

Post-Judgment – Check One Case Type

- Contempt
 - Non-payment of child support, medical support, or alimony
- Modification
- Other/Administrative

Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

_____ Case Number

_____ Case Number

I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

Is an interpreter needed in this case? If so, provide the language(s) required. _____
Language(s) Required

Do you or your client need any disability accommodations? If so, please describe the accommodation request.

IN THE SUPERIOR COURT OF GWINNETT COUNTY

STATE OF GEORGIA

CIVIL ACTION
NUMBER: _____

PLAINTIFF

VS.

DEFENDANT

SUMMONS

TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned and required to file with the Clerk of said court and serve upon the Plaintiff's attorney, whose name and address is:

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

This _____ day of _____, 20_____.

**Richard T. Alexander, Jr.,
Clerk of Superior Court**

**By _____
Deputy Clerk**

INSTRUCTIONS: Attach addendum sheet for additional parties if needed, make notation on this sheet if addendum sheet is used.

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

IN RE:

_____,
a minor child.

Civil Action

Case Number _____

_____,
Petitioner,

v.

COMMISSIONER OF THE GEORGIA
DEPARTMENT OF PUBLIC HEALTH,
Respondent.

PETITION TO AMEND BIRTH CERTIFICATE

My name is _____, and I make this petition on behalf of my minor child asking the Court to enter an Order to amend the birth certificate of the minor child. In support of this petition, I state the following:

1.

The Petitioner resides in Gwinnett County, Georgia. Therefore, jurisdiction and venue are proper in this Court.

2.

The minor child resides with the Petitioner in Gwinnett County.

3.

The Petitioner is the mother father of the minor child and my name appears on the minor child's birth certificate.

4.

This petition is being served upon the Commissioner of the Department of Public Health in Atlanta, Georgia.

5.

The Petitioner requests that this Court enter an Order to amend the birth certificate because the Department of Public Health has informed the Petitioner that the information on the minor child's birth certificate cannot be amended without a court order.

6.

The Petitioner is submitting the following documents with her petition to support the facts alleged in the petition: _____
_____.

7.

The Petitioner requests that the birth certificate be amended as follows:

(a) Child's Name:

Child's First Name which currently reads: _____ should read: _____.

Child's Middle Name which currently reads: _____ should read: _____.

Child's Last Name which currently reads: _____ should read: _____.

(b) Father's Name

Father's First Name which currently reads: _____ should read: _____.

Father's Middle Name which currently reads: _____ should read: _____.

Father's Last Name which currently reads: _____ should read: _____.

(c) Mother's Name

Mother's First Name which currently reads: _____ should read: _____.

Mother's Middle Name which currently reads: _____
should read: _____.

Mother's Last Name which currently reads: _____ should
read: _____.

(d) Other error described here: _____
should read: _____.

8.

The Petitioner is submitting affidavits with this petition explaining how and why the birth certificate should be amended.

9.

The Petitioner in seeking to amend the minor child's birth certificate is not attempting to defraud anyone.

WHEREFORE, the Petitioner respectfully requests that this Court enter an order directing Vital Records to amend the minor child's birth certificate.

Dated: _____

Petitioner, Pro se (*Signature*)

Name: _____

Address: _____

Phone: _____

Email: _____

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

IN RE:

_____,
a minor child.

Civil Action

Case Number _____

_____,
Petitioner,

v.

COMMISSIONER OF THE GEORGIA
DEPARTMENT OF PUBLIC HEALTH,
Respondent.

VERIFICATION

PERSONALLY APPEARED BEFORE ME, the undersigned officer authorized to administer oaths, the above-named Petitioner, who after having been duly sworn, on oath depose and states that the facts contained in the foregoing *Petition to Amend Birth Certificate* are true and correct.

Dated: _____

Petitioner *Pro se* (Signature)

Subscribed and sworn before me on

_____, 20__.

Notary Public

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

IN RE:

a minor child.

Civil Action

Case Number _____

Petitioner,

vs.

THE COMMISSIONER OF THE
GEORGIA DEPARTMENT OF
PUBLIC HEALTH,
Respondent.

**AFFIDAVIT OF IN SUPPORT OF
PETITION TO AMEND BIRTH CERTIFICATE**

Having first been placed under oath or affirmation by a notary public, I hereby swear or affirm that the following information is true.

1.

My name is _____, and I am _____
_____ years old. I am competent to testify.

2.

I am named as the mother father on the minor child's birth certificate.

3.

The minor child's birth certificate should be amended as follows:

(a) Child's Name:

Child's First Name which currently reads: _____ should read: _____.

Child's Middle Name which currently reads: _____ should read: _____.

Child's Last Name which currently reads: _____ should read: _____.

(b) Father's Name

Father's First Name which currently reads: _____ should read: _____.

Father's Middle Name which currently reads: _____ should read: _____.

Father's Last Name which currently reads: _____ should read: _____.

(c) Mother's Name

Mother's First Name which currently reads: _____ should read: _____.

Mother's Middle Name which currently reads: _____ should read: _____.

Mother's Last Name which currently reads: _____ should read: _____.

(d) Other error described here:

should read: _____.

4.

The minor child's birth certificate should be amended for the following reason:

5.

The Department of Public Health will not correct the errors on the birth certificate without a court order.

6.

I recognize that if I knowingly and willfully make a false statement in this affidavit, I will be guilty of the crime of false swearing.

7.

I do not intend to defraud anyone with my request.

Affiant (Signature)

Sworn to and subscribed before me

This _____ day of
_____, 20____.

NOTARY PUBLIC

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____ Plaintiff, v. _____ Defendant.	Civil Action File No.: _____
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RULE NISI

This action has been filed. Therefore, let the parties appear before the Honorable Judge _____ of the Gwinnett County Superior Court, in Courtroom _____, in the following location:

Gwinnett County Courthouse, 75 Langley Drive, Lawrenceville, Georgia
on _____, 20__ at _____ o'clock _____.m. to show cause why the relief sought should not be granted.

Issued on _____, 20__.

JUDGE
Superior Court of Gwinnett County

Presented by:

Plaintiff Defendant *Pro se*

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

IN RE:

a minor child.

Civil Action

Case Number _____

Petitioner,

vs.

COMMISSIONER OF THE GEORGIA
DEPARTMENT OF PUBLIC HEALTH,
Respondent.

CONSENT TO AMEND BIRTH CERTIFICATE

Having first been placed under oath or affirmation by a notary public, I hereby swear or affirm that the following information is true.

1.

My name is _____, and I am _____
(_____) years old.

2.

I am named as the father mother on the minor child's birth certificate.

3.

[Write your initials to only one of the following, (a) or (b).]

_____ (a) I am not the father of the minor child. Paternity Testing performed on
(date) _____ by _____ indicates
that I am not the father of the minor child. The paternity test is attached.

_____ (b) I am the father mother of the minor child and I agree that to amend
the child's birth certificate as indicated below.

4.

The minor child's birth certificate should be amended as follows:

[Check all that apply, (a), (b), (c) or(d)]:

(a) **Child's Name:**

Currently reads:

Should read:

<input type="checkbox"/> First Name	
<input type="checkbox"/> Middle Name	
<input type="checkbox"/> Last Name	

(b) **Father's Name**

Currently reads:

Should read:

<input type="checkbox"/> First Name	
<input type="checkbox"/> Middle Name	
<input type="checkbox"/> Last Name	

(c) **Mother's Name**

Currently reads:

Should read:

<input type="checkbox"/> First Name	
<input type="checkbox"/> Middle Name	
<input type="checkbox"/> Last Name	

(d) **Other error described here:**

5.

I have read this consent document, and I understand it. I am giving my consent freely. I have written my initials next to all of the provisions in Paragraph 4 to which I am agreeing. I am not being forced to sign this consent.

(Signature)

Name: _____

Address: _____

Phone: _____

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public

General Civil and Domestic Relations Case Disposition Information Form

Superior or State Court of _____ County

For Clerk Use Only

Date Disposed _____ Case Number _____
MM-DD-YYYY

Case Style _____

Plaintiff(s)

Defendant(s)

Last	First	Middle I.	Suffix	Prefix

Last	First	Middle I.	Suffix	Prefix

Reporting Party _____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented

Defendant's Attorney _____

Bar Number _____

Self-Represented

Manner of Disposition
Check Only One

Jury Trial

Bench/Non-Jury Trial

Non-Trial Disposition

Alternative Dispute Resolution

- Check if any party was self-represented at any point during the life of the case.
- Check if the court ordered an interpreter for any party, witness, or other involved individual.
- Was the case referred/ordered to a court-annexed alternative dispute resolution (ADR) process?

NEXT STEPS...

Filing your Petition to Amend Birth Certificate

- 1. Sign and date all of your forms. The verification and Affidavit must be signed in front of a notary.

- 2. Make 2 copies of all your completed and signed forms.

- 3. File your forms with the Clerk of Superior Court. Ask the Clerk to stamp one copy "Second Original." The clerk will understand what this means.

- 4. The clerk will return two copies to you. The one stamped "Second Original" is the copy you need to serve on the Department of Health.

- 5. Contact the Fulton County Sheriff Department (404) 612-5100 to obtain service on the Department of Public Health. You will have to mail or deliver the "Second Original" copies to them, along with payment for civil process service. The address for Department of Public Health is:
 - Patrick O'Neal, M.D., Commissioner
 - Georgia Dept. of Public Health
 - 2 Peachtree Street, NW
 - 15th Floor
 - Atlanta, Georgia 30303-3186

- 6. The Court will send a notice of your hearing by mail. The Office of Vital Records will also have an opportunity to participate at your hearing concerning the validity of your request.

Courthouse Information

Gwinnett Justice and Administration Center
ATTN: Clerk of Superior Court
75 Langley Drive
Lawrenceville, GA 30046
Tel: (770) 822-8100