

AFFIDAVIT TO CHANGE THE NAME OF THE CHILD ON A CERTIFICATE OF LIVE BIRTH WITHIN TWELVE (12) **MONTHS OF BIRTH**

SCRATCH OUTS OR WHITE OUTS ON DOCUMENT WILL NOT BE ACCEPTED

County	C	ity of	
must be accompa original birth cert	nied by a written request from both pa	rents in	the first 12 months after birth. This Affidavit order to change the name of a child on the ficate then only that parent needs complete
SECTION ONE: PA	RENTAL INFORMATION		
	and	d	
Pa	rent 1: Full Name		Parent 2: Full Name
Being duly sworn, d	epose and say they reside at		
			Street Address
			and are the true parent(s) of
	City or County		
		who wa	s born at
The name of the ch	ild as recorded on original birth certificate		Name of facility
located in			on
ı	Name of County or Baltimore City		Child's date of birth
and whose Birth Certificate, Registration/State File Number			is on file with the
Maryland Department of Health, Division of Vital Records.			
SECTION TWO: CO	DRRECT FULL GIVEN NAME OF CHILD		
name listed below.			riginal birth certificate is being changed to the RON THE BIRTH CERTIFICATE
Child's First Name	Child's Middle	Name	Child's Last Name
SECTION THREE: F	PARENT(S) SIGNATURE(S) AND NOTARY	PURUC	INFORMATION
	te that they are making this request of the		
	and		
S	ignature of Parent 1		Signature of Parent 2
Sign	ature of Notary Public		Signature of Notary Public
Seal	Date	Seal	Date

NOTE: THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC

SUBSEQUENT CHANGES WILL REQUIRE A COURT ORDER. IF YOU HAVE A COPY OF THE BIRTH CERTIFICATE, PLEASE RETURN IT WITH THIS FORM. YOU WILL BE SENT A CORRECTED COPY. A FEE OF \$10.00 IS REQUIRED FOR ANY CHANGES ON A BIRTH CERTIFICATE IF THE PERSON IS OVER ONE YEAR OF AGE.