

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 \$20.00 fee for any search of files necessary for preparing an amendment to a birth certificate.

IF THE CERTIFICATE IS NOT LOCATED, THE \$20.00 FEE MUST BE RETAINED BY THIS DEPARTMENT FOR THE DOCUMENT SEARCH.

In addition, the fee for each certified copy is \$20.00. 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