
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 WINNETT County

For Clerk Use Only

Date Filed _____
MM-DD-YYYY

Case Number _____

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Defendant(s)

COMMISSIONER OF GEORGIA DEPT. OF PUBLIC HEALTH

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 No. _____

Plaintiff

v.

Defendant

SUMMONS

TO THE ABOVE NAMED DEFENDANT:

You are hereby required to file with the Clerk of said Court and serve upon the plaintiff or plaintiff's attorney, whose name, address and email address are:

an answer to the complaint which is hereby served on you. You must make your answer within 30 days after service of this summons upon you. This time excludes the day of service. If you fail to answer, the court will issue a default judgment against you for the relief sought in the complaint.

If this action pertains to a Protective Order, the answer is to be filed and served on or before the scheduled hearing date attached.

This _____ day of _____, 20____.

Tiana P. Garner
Clerk of Superior Court

By _____
Deputy Clerk

[Attach addendum sheet for additional parties, if needed. You must make a notation on this sheet if used.]

GWINNETT COUNTY SUPERIOR COURT

STATE OF GEORGIA

In re:

Civil Action

_____,

Petitioner.

Case Number _____

PETITION TO CORRECT A BIRTH CERTIFICATE

[You must check and complete one of the following, (a) or (b), but not both.]

☐ (a) I am filing this petition to ask the Court for an order to correct an error on my own birth certificate. In support of this petition, I state as follows:

☐ (b) My name is _____, and I am the minor child's parent listed on the child's birth certificate, or his or her legal guardian. I am filing this petition on behalf of the minor child named _____, asking for an order to correct his/her birth certificate. In support of this petition, I state as follows:

[print child's name exactly as it appears on birth certificate]

1.

My name is _____, and I live in Gwinnett County, Georgia. Therefore, jurisdiction and venue are proper in this Court.

[If you are filing this petition on behalf of a minor child, you must also check one of the following, (a) or (b), but not both.]

☐ (a) The minor child lives with me in Gwinnett County.

☐ (b) The minor child does not live with me. The minor child lives _____ in _____ County, Georgia.

2.

[You must check and complete one of the following, (a), (b) or (c), but not more than one.]

☐ (a) I am over the age of eighteen and I wish to amend an error on my own birth certificate.

☐ (b) I am a parent listed on the minor child's birth certificate.

☐ (c) I am the minor child's legal guardian.

3.

This petition is being served upon the State Registrar of Vital Records, at 1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349, and upon the Commissioner for the Georgia Department of Public Health at 200 Piedmont Ave., SE, West Tower, 19th Floor, Suite 1902, Atlanta, GA 30334.

*[If you are filing this petition on behalf of a minor child,
you must **also** check & complete one or both of the following, (a) or (b),
to list which people who will be served by the sheriff
and which ones have signed an acknowledgment of service.]*

*[**Note:** if you do not know where the parent or guardian lives, you will need
to consult with an attorney about how to proceed.]*

☐ In addition, the petition is also being served by the sheriff on the minor child's:

(i) ☐ Legal Guardian, whose name is _____
at the following address(es): _____

(ii) ☐ Parent 1, whose name is _____
at the following address: _____

(iii) ☐ Parent 2, whose name is _____
at the following address: _____

(b) ☐ The minor child's guardian / parent(s) (*circle all that apply*) has/have
acknowledged service of process and consented to the jurisdiction and venue of
this Court. Their acknowledgment is filed with this Complaint.

4.

I ask that this Court enter an Order to correct birth certificate because:

*[Check and complete **all that apply** in (a) through (g) of this paragraph.]*

☐ (a) The Department of Vital Records has informed me that I cannot change a given name after
one year from the date of birth without a Court order.

☐ (b) The Department of Vital Records has informed me that I cannot amend an item on a birth
certificate if it was previously amended without a Court order.

*[Note: Paternity and legitimation affidavits are considered to be amendments to a birth
certificate if they have been filed with the Vital Records Office.]*

☐ (c) The Department of Vital Records has informed me that I cannot correct the year of birth by more than one year on a birth certificate without a court order.

☐ (d) The minor child was born at _____ (name of hospital), and the parent who gave birth to them was admitted to the hospital under their former name of _____, rather than her married name of _____.

The hospital did not ask about their marital status or the name of the other parent. When Petitioner contacted the Department of Vital Records to straighten out the matter, Petitioner was told they needed to have a court order to correct the child's birth certificate.

Because the parents were married before the child's birth and continue to be married, this child is automatically presumed to be a child of the marriage and, but for the error on the part of the hospital, the child would have the other parent's surname and their name would be listed on the birth certificate. See Affidavit of _____.

(Name of Parent signing Affidavit)

☐ (e) The minor child is over one year old.

☐ (f) I do not speak English. I provided the correct information to the staff at the hospital where the minor child was born, but the hospital staff failed to correctly write down the information I provided to them.

☐ (g) The Department of Vital Records has informed me that a Court order is needed for the following reasons: _____

[**Note:** If the Department of Vital Records has informed you that you must obtain a court order for a reason other than one listed above, you should consult a lawyer to see whether or not this form can assist you in filing your petition.]

5.

[You must check and file copies of **at least one** of the following documents, (a) through (h), to support your Petition.]

I have checked below to show the documents I am filing with my petition to support the facts I have stated in my request:

☐ (a) Certified copy of the birth certificate that needs to be corrected

☐ (b) Birth certificate(s) of minor child's parent(s) who are listed on the birth certificate

- ☐ (c) Copy of court document showing I am the adoptive parent or legal guardian of the minor child
- ☐ (d) Original or certified copies of church, school, census, or hospital records
- ☐ (e) Copy of marriage certificate showing that I was already married to the minor child's other parent at the time the minor child was born.
- ☐ (f) Affidavit of _____.
(name of person signing Affidavit)
- ☐ (g) Other (describe): _____
- ☐ (h) Other (describe): _____

6.

[Check and complete all that apply in this paragraph.]

I am requesting that the birth certificate be corrected as follows:

- ☐ (a) Field # _____ which currently reads: _____
should read: _____
- ☐ (b) Field # _____ which currently reads: _____
should read: _____
- ☐ (c) Field # _____ which currently reads: _____
should read: _____
- ☐ (d) Field # _____ which currently reads: _____
should read: _____
- ☐ (e) Field # _____ which currently reads: _____
should read: _____

7.

To the best of my knowledge, the error(s) on the birth certificate occurred because: _____

8.

I do not intend to defraud or cheat anyone by this request.

THEREFORE, I ask that this Court enter an order to direct that this birth certificate be corrected.

Dated: _____

Petitioner, *Pro se* (Signature)

Name: _____

Address: _____

Phone (daytime): () _____ Email: _____

GWINNETT COUNTY SUPERIOR COURT

STATE OF GEORGIA

In re:

Civil Action

_____,

Case Number _____

Petitioner.

VERIFICATION OF PETITION
TO CORRECT A BIRTH CERTIFICATE

I hereby swear or affirm, before a notary public, that I have read the *Petition to Correct a Birth Certificate*, or it was read to me in my native language, and the facts stated in it are true.

Aquí juro o prometo, en frente a un notario público, que he leído la Petición para Corregir un Acta de Nacimiento, o que se me leyó en mi idioma, y que los hechos en esa son la verdad.

Petitioner, *pro se* [Sign in front of notary public.]

Name: _____

Address: _____

Daytime Phone: (____) _____ Email: _____

Subscribed and sworn before me on

_____, 20____.

Notary Public

GWINNETT COUNTY SUPERIOR COURT
STATE OF GEORGIA

In re: _____

_____,
Petitioner.

Civil Action

Case Number _____

AFFIDAVIT IN SUPPORT OF
PETITION TO CORRECT 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. My relationship to the person with the incorrect birth certificate is as follows:
☐ I am listed as the child's parent on the birth certificate
☐ I am the minor child's legal guardian
☐ I am _____
3. I have the following information regarding the errors listed in the *Petition to Correct Birth Certificate* _____

4. I am attaching the following documents which support the information I have stated in this Affidavit: _____

[Sign in front of Notary Public]

Print Name: _____

Address: _____

Telephone (____) _____

Email: _____

Subscribed and sworn to before me
on _____, 20____.

Notary Public

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Plaintiff,
v.
Georgia Department of Public Health

Defendant.

Civil Action
File No.: _____

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

GWINNETT COUNTY SUPERIOR COURT

STATE OF GEORGIA

In re:

Civil Action

_____,

Petitioner.

Case Number

**ACKNOWLEDGMENT OF SERVICE, CONSENT TO JURISDICTION
AND VENUE, AND CONSENT TO PRESENT CASE**

My name is _____. My relationship to the person with the incorrect birth certificate is as follows:

☐ I am listed as the child's parent on the birth certificate

☐ I am the minor child's legal guardian

☐ I am _____

I hereby acknowledge that I have received a copy of the *Petition to Correct Birth Certificate*, and I consent to both jurisdiction and venue as they are stated in the Petition.

I have consented to the changes requested in the *Petition*. So long as any Final Order in this action incorporates the changes listed in the *Petition*, then I waive formal process, further notice, my right to trial and, if I am on active duty in the armed forces, I also waive my rights under the Soldiers and Sailors Civil Relief Act, 50 USC App. §521. I give my consent for the Court to hear this matter as soon as possible.

Should further notice be required for any reason, the notice should be mailed at the following address: _____

[Sign in front of Notary Public]

Subscribed and sworn to before me
on _____, 20____.

Notary Public

Print Name: _____

Address: _____

Daytime Telephone: (____) _____

Email: _____

General Civil and Domestic Relations Case Disposition Information Form

☐ Superior or ☐ State Court of _____ County

For Clerk Use Only

Date Disposed _____
MM-DD-YYYY

Case Number _____

Case Style _____

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Defendant(s)

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:

Commissioner for the Georgia Dept. of
Public Health
200 Piedmont Avenue SE,
West Tower, 19th Floor
Suite 1902
Atlanta, Georgia 30334
- ☐ 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