

North Carolina Department of Health and Human Services  
Division of Public Health • Vital Records  
<http://vitalrecords.nc.gov/vitalrecords>

Mail: 1903 Mail Service Center  
Raleigh, NC 27699-1903

Location: 225 North McDowell St.  
Raleigh, NC 27603-1382

## Request to Amend a Record

PLEASE CHECK THE APPROPRIATE BOX:  BIRTH  DEATH

To begin the process to change a record, mail this form to NC Vital Records, 1903 Mail Service Center, Raleigh, NC 27699 along with a certified check or money order for the \$24 (non-refundable) search fee. **Personal checks are not accepted.** If you need to rush the processing of this request include an additional \$15 (non-refundable) fee and write "EXPEDITE" on the front of the envelope or make an appointment for walk-in service which also requires an expedite fee. Expedited mail requests will be processed within two weeks of receipt (please allow for additional mailing time). After we receive this form we will evaluate your request and respond in writing with further instructions that may include the following requirements: (1) supporting evidence of the requested change, (2) an official amendment application form to be signed in the presence of a notary public, and (3) a non-refundable amendment processing fee of \$15. **Completion of this form does not authorize Vital Records to change the birth certificate. This form only allows a request to be made.**

If you are requesting a change on a birth record for a person who is deceased, or if you have other questions, please call the North Carolina Vital Records Amendments office at (919) 792-5986 prior to completing this application.

TYPE OR PRINT CLEARLY

### PART I – INFORMATION TO LOCATE RECORD

Name at Birth \_\_\_\_\_  
*First Middle Last*

Female  Male

\_\_\_\_\_ *Date of Birth or Date of Death*

\_\_\_\_\_ *County of Birth or County of Death*

Were parents married at time of birth?  Yes  No Did parents marry after the birth of the child?  Yes  No

Father's Full Name \_\_\_\_\_  
*First Middle Last*

Mother's Full Maiden Name \_\_\_\_\_  
*First Middle Last*

### PART II – STATEMENT OF CORRECTIONS TO BIRTH OR DEATH RECORD

INCORRECT INFORMATION THAT APPEARS ON THE CERTIFICATE	CORRECTED INFORMATION AS IT SHOULD APPEAR

REASON FOR CORRECTION \_\_\_\_\_

**I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law (G.S. 130A-26) to make a false statement on this application.**

\_\_\_\_\_  
*Signature of Person Applying for Correction(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Street Address or PO Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Relationship of Person Applying for Correction(s)*

\_\_\_\_\_  
*(Area Code) Telephone Number*