NEW YORK STATE | Department of Health

**KATHY HOCHUL**
Governor

**JAMES V. McDONALD, MD, MPH**
Commissioner

**JOHANNE E. MORNE, MS**
Executive Deputy Commissioner

We have received notification of a determination of parentage from Family Court for your child. We must prepare an amended birth certificate adding the name of the father. If you wish for your child to have a conforming name change on the amended birth certificate, both parents must complete the enclosed forms. The forms must be signed and notarized.

Both parents must agree on the child's name. If you do not agree, the child's name on the amended birth certificate will remain as it appears on the original birth certificate. In this case, a court order will be required to change the child's name. Please note, New York State Family Court does not have jurisdiction over name changes.

Please let us know if you have any questions.

Thank you,

New York State Department of Health
Vital Records Amendment Unit
P. O. Box 2602
Albany, NY 12220-2602
855-322-1022

Enclosure

New York State Department of Health
Vital Records Section/Amendment Unit
P. O. Box 2602
Albany, New York 12220-2602

# PARENTS' AFFIDAVIT FOR CONFORMING CHANGE OF CHILD'S NAME ON BIRTH CERTIFICATE

**FATHER**

State of _____
} SS.
County of _____

I, _____ (Name of Putative Father), being duly sworn, depose and say:

That I reside at _____ (Putative Father's Current Address)

and I have been adjudicated by _____ (Name of Court), on _____ (Court Date) to be the father

of _____ (Name of Child as Now Recorded on Birth Certificate) a child born to _____ (Name of Mother of Child)

on _____ (Child's Date of Birth) at _____ (Child's Place of Birth), New York:

That I give my consent for said child's name to be recorded on the amended birth certificate as:

_____
Child's Name: First Middle Last

That my Social Security number is _____ ; That my Birthplace is _____ ;

That at the time of said child's birth I was _____ years of age; That my Date of Birth is ____ (Month) /____ (Day) /____ (Year) .

Sworn to Before me this _____

Day of _____

Notary Public _____ Signed _____ (Father)

**MOTHER**

State of _____
} SS.
County of _____

I, _____ (Maiden Name of Mother), being duly sworn, depose and say:

That I reside at _____ (Mother's Current Residence)

and I am the biological mother of _____ (Name of Child as Now Recorded on Birth Certificate) a child born

on _____ (Child's Date of Birth) at _____ (Child's Place of Birth), New York:

That _____ (Name of Putative Father) has been adjudicated by the _____ (Name of Court)

on _____ (Court Date) to be the father of said child.

That I give my consent for said child's name to be recorded on the amended birth certificate as:

_____
Child's Name: First Middle Last

Sworn to Before me this _____

Day of _____

Notary Public _____ Signed _____ (Mother)