

# 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**

# Affidavit

I, \_\_\_\_\_, hereby request that the Kansas Department of Health and Environment, Office of Vital Statistics, amend the sex from \_\_\_\_\_ to \_\_\_\_\_ on the birth record of \_\_\_\_\_, who was born on \_\_\_/\_\_\_/\_\_\_ in \_\_\_\_\_ County.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

### NOTARY ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

*Affix Seal*

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**You must submit the original affidavit to:  
Kansas Department of Health and Environment  
Office of Vital Statistics  
1000 SW Jackson, Ste. 110  
Topeka, Kansas 66612**

**\*Faxed or scanned copies of the affidavit are not accepted**