

**New Jersey Department of Health
Office of Vital Statistics and Registry
PO Box 370, Trenton, NJ 08625-0370**

State File Number

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AMENDMENT TO NJ VITAL RECORD OF:
 BIRTH
 FETAL DEATH
 REMARRIAGE
 REAFFIRMATION OF CIVIL UNION
 DEATH
 MARRIAGE
 CIVIL UNION
 DOMESTIC PARTNERSHIP

**PENALTY FOR FALSE STATEMENT - FIVE HUNDRED DOLLARS (\$500.00)
TYPE OR WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.**

SECTION 1	INFORMATION AS IT APPEARS ON THE <u>CURRENT RECORD</u>:		
	<p align="center">_____ Name (or Names, in the case of Marriage, Remarriage, Civil Union, Reaffirmation of Civil Union or Domestic Partnership)</p> <p> ____ / ____ / ____ (Date of Event) _____ (County of Event) _____ (City/Municipality of Event) </p>		

SECTION 2	Field to be Amended	Item as Currently Recorded on Record	Item as it Should Appear

SECTION 3	3A. Signature		Printed Name	Date
	Address		Relationship to Individual on Vital Record	
	3B. Signature of Witness (see Instructions)		Printed Name	Date
	Address		Relationship to Individual on Vital Record	
	3C. AFFIDAVIT SECTION			
	Subscribed and sworn to before me at _____ this _____ day of _____, 20_____. Signature _____ Official Title _____			

SECTION 4	Documentation presented to establish the validity of the amended information reported in Section 2:		

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Secondary Item(s) Approval Date: _____	Parents Given Option to Change Child's Last Name? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**SEALS MUST BE AFFIXED ABOVE THE DOTTED LINE!
DO NOT WRITE IN THIS SHADED AREA!**