Kansas Department of Health and Environment

AMENDMENT REQUEST FORM

**** Please read instructions on Page 2 **** **Date of Application:**

Section 1	**APPLICANT INFORMATION**		
Full Name (Please type or print)		Affiant's relationship to the person named on record: ☐ Self ☐ Parent ☐ Legal guardian (Must provide legal documentation)	
Street Address (If your mailing address is a PO Box, please also include your street of residence)			
City	State	Zip	Phone Number

Section 2	**CURRENT RECORD INFORMATION**	**Type: ☐ Birth ☐ Marriage ☐ Divorce**
Full Name(s) on the Record (as it currently appears)		Date of Event
City of Event	County of Event	
Full Maiden Name of Mother/Parent 1	Full Name of Father/Parent 2	

ITEM(S) ON ORIGINAL CERTIFICATE TO BE CORRECTED: (type or print)

Section 3 To be signed in front of a notary public

DESCRIPTION OF ITEM	INCORRECT INFORMATION	CORRECT INFORMATION
Example: First Name	*Example: Ann*	*Example: Anne*

I/We attest that the above facts are true, and the changes are necessary to reflect the facts as they were at the time of event, and I/we request that the record be amended accordingly.

_____ _____
Affiant, Print name Signature

(Notary seal/stamp)

_____ _____
Affiant 2, Print name Signature

Subscribed and sworn to before me this _____ day of _____ , _____ .

My commission expires on _____ _____
Signature of Notary Public

Amendment Instructions

To request an amendment you must:

1. Complete page 1 (signatures must be notarized).
2. Provide the appropriate payment to cover all necessary fees. $40.00 will cover the file fee and certified copy fee. Additional certified copies of the certificate are $20.00 each. Make all payments payable to Kansas Vital Statistics.
3. Mail completed notarized form, payment, and documentation to:

   Kansas OVS
   Attn: Amendment Unit
   1000 SW Jackson, Ste. 120
   Topeka, KS 66612

Section 1 Instructions:

This section shall be completed by the person(s) that will be signing the affidavit in section 3. You can only submit the request if the amendment is for yourself*****, your minor child, or if you have legal guardianship****** over the person whose record is to be amended.

***Must be 18 or older**
****Must provide legal documentation**

Section 2 Instructions:

Complete this section with the information obtained from the **CURRENT** certificate. If you do not have a current certificate you will need to request one from our office. Records filed with this office are closed records and any information that is listed on the certificate cannot be provided or confirmed.

Section 3 Instructions:

Type or clearly print each item that needs to be amended. If you make a mistake you will need to complete a new form. Any forms that have been corrected/altered will be rejected. If the form is filled out incorrectly due to any mistakes, it will NOT be processed. Submitting a form containing errors will cause a delay in completing the request.

Sign affidavit **ONLY** in the presence of a notary public. Signature of both parents/parties are required if record is for minor, marriage, or divorce.

Supporting documentation required is determined by the type of certificate, item requested for amendment, and whether the record is for a minor or an adult. All supporting documents must be original certified records. We CANNOT accept photocopies.

See our website, www.kdhe.ks.gov/1171/Amendments-Corrections, or contact the Amendment Unit at (785) 296-1434 for questions regarding your request.