

REQUEST FOR A NEW BIRTH CERTIFICATE

DPHHS – OFFICE OF VITAL RECORDS

PO BOX 4210

HELENA MT 59604

406-444-2685

Effective January 1, 1996, MCA 50-15-223 allows a new birth certificate to be created for a person born in Montana upon the determination of paternity.

SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY EITHER:

- 1. A Certified Court Order determining paternity of the child.
- 2. A notarized acknowledgment of paternity signed by both parents.

AND THE APPROPRIATE FILING FEE.

Child's full name as listed on birth certificate: _____

Child's Date of Birth: _____ Child's Place of Birth: _____

The new name of the child shall be:
(only last name can be changed)

First

Middle

Last

PLEASE GIVE CAREFUL CONSIDERATION TO THE NAME YOU WISH YOUR CHILD TO HAVE. THIS IS A ONE-TIME OPPORTUNITY AND ANY FUTURE CHANGES TO THE SURNAME WILL REQUIRE A COURT ORDER.

I certify that I am the natural mother and the above information is true.

Mother's Signature: _____

Address: _____

City, State, Zip: _____

Verification of Signer's ID is Mandatory

State of: _____

County of: _____

This document was signed and sworn to (or affirmed)

before me on : _____
(Date)

by _____
(Name of Applicant)

(Notary's Signature)

[Official Stamp]

I certify that I am the father and the above information is true.

Father's Signature: _____

Address: _____

City, State, Zip: _____

Verification of Signer's ID is Mandatory

State of: _____

County of: _____

This document was signed and sworn to (or affirmed)

before me on : _____
(Date)

by _____
(Name of Applicant)

(Notary's Signature)

[Official Stamp]