



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BUREAU OF VITAL RECORDS

MOTHER'S AFFIDAVIT TO LEGITIMATE BIRTH RECORD

COMPLETE IN BLACK INK ONLY. ANY FAX, PHOTO OR REPRODUCED COPIES OF THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR THE ORIGINAL. WHITE-OUT, ERASURES AND TYPEOVERS OR WRITEOVERS ARE NOT ACCEPTABLE.

STATE FILE NUMBER

CHILD'S NAME AT BIRTH (FIRST, MIDDLE, LAST)
DATE OF BIRTH PLACE OF BIRTH (HOSPITAL) (CITY) (COUNTY) (STATE)

CHANGE CHILD'S NAME TO READ AS FOLLOWS

DATE OF MARRIAGE LOCATION OF MARRIAGE TO CHILD'S FATHER (CITY & STATE)

Mother's information necessary to establish an amended birth record.

MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN NAME)
BIRTHDATE AGE AT TIME OF CHILD'S BIRTH BIRTHPLACE (STATE)
MOTHER'S LEGAL NAME AT TIME OF CHILD'S BIRTH (FIRST) (MIDDLE) (LAST)
RACE MOTHER'S SOCIAL SECURITY NUMBER EDUCATION

Father's information necessary to establish an amended birth record.

FATHER'S CURRENT LEGAL NAME (FIRST) (MIDDLE) (LAST)
BIRTHDATE AGE AT TIME OF CHILD'S BIRTH BIRTHPLACE (STATE)
RACE FATHER'S SOCIAL SECURITY NUMBER EDUCATION

I do solemnly swear that the information above is true and complete to the best of my knowledge. I further swear that I am the mother of the above-named child, that I have married the natural father and now desire the child's name to be recorded as indicated.

*Persons who knowingly supply false information shall be guilty of a class D felony. Penalties under the criminal code range from imprisonment of 1-10 years to \$5,000 in fines.

MUST BE SIGNED IN PRESENCE OF NOTARY

MOTHER'S SIGNATURE DATE
MOTHER'S PRESENT MAILING ADDRESS

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL
STATE COUNTY (OR CITY OF ST. LOUIS)
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR
NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)
USE RUBBER STAMP IN CLEAR AREA BELOW.