



STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
Request for a New Birth Certificate

Submission of this form must be accompanied by **either**: (1) A Certified Court Order determining paternity of the child, or (2) An original notarized DPHHS Paternity Acknowledgment form signed by both parents.

Please note that there is a \$41.00 processing fee payable to Montana Vital Records (via check, cashier's check, or money order). This fee covers one certified copy of the amended birth certificate to be sent upon completion. Also, please include a photocopy of either parent's current valid state ID with their current mailing address and phone number noted. Please send fee, ID, and original notarized form to: **Montana Vital Records: PO Box 4210, Helena MT 59604-4210**

When submitting this form and the DPHHS Paternity Acknowledgment form there is only one fee of \$41.00. Please do not also send \$41.00 for the Paternity Acknowledgment form.

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)

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]