



HOW DO I CORRECT AN ERROR OR OMISSION ON AN IDAHO CERTIFICATE?

A signed written request for a correction is required along with current identification of the person who signs the request. Your request will need to provide the following information:

- The type of certificate (birth, death, stillbirth/miscarriage, marriage, or divorce)
- Name(s) on the certificate
- Date of event
- Place of event
- Your relationship to the person(s) named on the certificate
- Your return address
- Your daytime telephone number

If the correction needs to be made to a birth or stillbirth/miscarriage certificate, also include:

- The mother's full maiden name and father's full name

Explain what the error is and what the correct information should be. We will review your correction request and send you detailed instructions on how to make the correction. Requests for corrections are worked in the order they are received. *Our response time to your request could take several weeks depending on the volume of requests received. To request the correction and order certificates, please complete the appropriate form included in the packet.

**If the event occurred over one year ago, there is a \$20.00 fee to make the correction. There is no fee to make a correction if the event occurred less than one year ago.*

NOTE: FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING A CERTIFICATE IS A FELONY AND MAY BE PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH

The Idaho Bureau of Vital Records and Health Statistics does not have a public counter. Please mail your request to our post office box:

VITAL RECORDS
P.O. BOX 83720
BOISE, ID 83720-0036

Please see page 2 for a list of persons who may apply to correct a certificate



HOW DO I CORRECT AN ERROR OR OMISSION ON AN IDAHO CERTIFICATE?

Applications to amend an Idaho certificate may be accepted from the following persons:

Birth Certificates:

- The registrant, if age 18 or older
- One or both parents
- The legal guardian (proof of guardianship required)
- The person responsible for filing the certificate

Death Certificates:

- The informant
- The funeral director or person responsible for filing the certificate
- The certifier (physician, coroner, PA, APPN)
- The next of kin (rules for next of kin follows, proof of relationship may be required)
 - a. Spouse (if no surviving spouse then)
 - b. Children (if no surviving children then)
 - c. Parents (if no surviving parents then)
 - d. Siblings (if no surviving siblings then)
 - e. Grandparents or Grandchildren (if no surviving grandparent or grandchild then)
 - f. Closest living relative (MUST provide a signed statement that they are the closest living relative and provide proof of relationship)

Marriage and Divorce Certificates:

- The custodian of the official record from which the certificate was prepared
- Either of the parties to the marriage or divorce
- The individual responsible for filing the certificate

Questions? Please email IVRLA@dhw.idaho.gov or call 208-334-5980



IDAHO VITAL RECORDS LEGAL ACTION REQUEST FORM CERTIFICATE CHANGES AND DELAYED RECORD FILINGS BIRTH

**!THIS FORM SHOULD ONLY BE USED FOR REQUESTING A CHANGE TO A CERTIFICATE OR FILING A DELAYED RECORD!
 WARNING:** False application for a certified copy of a vital record is a felony punishable by Title 39, Chapter 2, **Idaho Code**.

APPLICANT INFORMATION - ITEMS IN RED* ARE REQUIRED					
<input type="checkbox"/> MAIL ORDER TO APPLICANT ADDRESS			<input type="checkbox"/> MAIL ORDER TO OTHER NAME/ADDRESS		
APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*	MAIL TO NAME - FIRST	MAIL TO NAME - LAST		
APPLICANT STREET ADDRESS*			MAIL TO STREET ADDRESS		
APPLICANT CITY*	APPLICANT STATE*	APPLICANT ZIP CODE*	MAIL TO CITY	MAIL TO STATE	MAIL TO ZIP CODE
APPLICANT DAYTIME CONTACT PHONE NUMBER*			APPLICANT EMAIL ADDRESS*		

Sign this request. Include a copy of both sides of applicant's picture ID with your payment. (See page 2 for ID information)

APPLICANT SIGNATURE*: X _____

CERTIFICATE INFORMATION		
Number of ____ Certified Copies (computer generated)	Number of ____ Certified Photocopies (exact image)	
DATE OF BIRTH	CITY OF BIRTH IN IDAHO	STATE OF BIRTH IDAHO
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE

<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHOOSE ONE)
DOCUMENTARY PROOF OF RELATIONSHIP MAY BE REQUIRED FOR THE FOLLOWING:
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Current Spouse <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent
DOCUMENTARY PROOF OF RELATIONSHIP WILL BE REQUIRED FOR THE FOLLOWING: - Include with order
<input type="checkbox"/> Attorney <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (Specify):

CHANGE(S) TO THE CERTIFICATE AND ORDER TOTALS	
<input type="checkbox"/> Correction** - made within the first year (No Charge) <input type="checkbox"/> Correction** - made after the first year \$20.00 **see back of form to enter correction information <input type="checkbox"/> Exchange (Corrections only)** \$5.00 each <input type="checkbox"/> Court Ordered Name Change \$20.00 <input type="checkbox"/> Paternity \$20.00 <i>Number of exchanges requested: _____</i> <input type="checkbox"/> Adoption \$20.00 <input type="checkbox"/> Surrogacy \$20.00 <input type="checkbox"/> Gender Change \$20.00 <input type="checkbox"/> Delayed Filing of a Record \$25.00	\$
Total number of certificates ordered: ____ at \$16.00* each plus change(s) to certificate	\$
Need RUSH service? <input type="checkbox"/> YES if checked, enclose additional \$25.00* and write RUSH on envelope	\$
TOTAL AMOUNT DUE	\$

Mail completed form and payment to:
 IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036
 For questions see our website or email IVRLA@dhw.idaho.gov



IDAHO VITAL RECORDS LEGAL ACTION REQUEST INFORMATION

CERTIFICATE CHANGES AND DELAYED RECORD FILINGS

BIRTH

PLEASE READ THIS INFORMATION CAREFULLY. FAILURE TO DO SO COULD CAUSE A SIGNIFICANT DELAY IN PROCESSING.

A letter will be sent if the certificate you order cannot be located. The \$16.00 search fee will not be refunded per IDAPA 16.02.08 251 02.

Complete this request form and mail it to: IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720. Remember to sign your request. Enclose the correct fees and a copy of *both sides* of your signed picture ID.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a Signature	OR Two Forms of CURRENT ID - One MUST have a Signature	OR
<ul style="list-style-type: none"> • Driver's License • State ID card • Passport • Tribal ID card • Concealed Weapons Permit • Prison ID card 	<ul style="list-style-type: none"> • Social Security Card with signature • Work ID card with picture or signature • Auto registration with signature • Traffic ticket with signature • Court record with signature • College/School ID with picture 	<ul style="list-style-type: none"> • Matricula card with signature • Insurance record • Auto insurance • Driver Permit • Pay stub • Hunting/Fishing license • Passport card
		<ul style="list-style-type: none"> • Notarized signature on the request • Have an immediate family member (that has current ID from the approved list) request it for you (Please note: proof of relationship may be required)

CORRECTION INFORMATION			
	Description of Item on the Certificate	Incorrect Information (as currently shown on the certificate)	Corrected Information (how it should be shown on the certificate)
EXAMPLE	<i>Mother's Last Name at Birth</i>	<i>Smithe</i>	<i>Smith</i>
Item #1			
Item #2			
Item #3			
Item #4			
Item #5			

FOR CORRECTIONS ONLY:

You will be mailed additional information and forms to make the changes requested. A \$20.00 fee will be charged for changes made more than one year after the event. Previously issued certificates may be exchanged for \$5.00 each within 60 days of a completed correction.

CERTIFICATE FEES

\$16.00 for each certified copy or search for a vital record. A Certified Copy is computer generated and is valid for most legal purposes. A Certified Photocopy is an exact image of the record on file in our office, and is valid for most legal purposes.

LEGAL ACTION RUSH FEES

\$25.00 one-time charge to RUSH this order. Write **RUSH** on the outside of your envelope.

SHIPPING

There is no shipping charge for regular mail delivery via US mail. If you need faster shipping, include a self-addressed prepaid express envelope with your order. Certificates cannot be sent via email or fax.

PROCESSING TIMES

For current processing times, visit healthandwelfare.idaho.gov/vitalrecords. Most orders take 1-3 weeks to complete once received in our office. Most RUSH orders take 5-7 days once received in our office. **Current workload, staffing levels, missing or incomplete application information, or unresolved legal issues affecting certificates may impact actual processing times**

SPECIAL HANDLING FEE FOR APOSTILLE

If you want us to send your certificate and completed apostille application to the Idaho Secretary of State, please visit healthandwelfare.idaho.gov/vitalrecords or call 208-334-5980 for instructions **BEFORE** sending the \$10.00 special handling fee.

Make your SIGNED check or money order payable to **Idaho Vital Records**. All Vital Records fees may be combined and paid with ONE check or money order. **Please check your total carefully! Overpayments of less than \$10.00 are not refunded unless requested in writing.**



IDAHO VITAL RECORDS LEGAL ACTION REQUEST FORM CERTIFICATE CHANGES AND DELAYED RECORD FILINGS DEATH

**!THIS FORM SHOULD ONLY BE USED FOR REQUESTING A CHANGE TO A CERTIFICATE OR FILING A DELAYED RECORD!
 WARNING:** False application for a certified copy of a vital record is a felony punishable by Title 39, Chapter 2, **Idaho Code**.

APPLICANT INFORMATION - ITEMS IN RED* ARE REQUIRED					
<input type="checkbox"/> MAIL ORDER TO APPLICANT ADDRESS			<input type="checkbox"/> MAIL ORDER TO OTHER NAME/ADDRESS		
APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*	MAIL TO NAME - FIRST	MAIL TO NAME - LAST		
APPLICANT STREET ADDRESS*			MAIL TO STREET ADDRESS		
APPLICANT CITY*	APPLICANT STATE*	APPLICANT ZIP CODE*	MAIL TO CITY	MAIL TO STATE	MAIL TO ZIP CODE
APPLICANT DAYTIME CONTACT PHONE NUMBER*			APPLICANT EMAIL ADDRESS*		

Sign this request. Include a copy of both sides of applicant's picture ID with your payment. (See page 2 for ID information)

APPLICANT SIGNATURE*: X _____

CERTIFICATE INFORMATION		
Number of ____ Certified Copies (computer generated)	Number of ____ Certified Photocopies (exact image)	
DATE OF DEATH	CITY OF DEATH IN IDAHO	STATE OF DEATH IDAHO
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE

<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHOOSE ONE)
DOCUMENTARY PROOF OF RELATIONSHIP MAY BE REQUIRED FOR THE FOLLOWING:
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Current Spouse <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent
DOCUMENTARY PROOF OF RELATIONSHIP WILL BE REQUIRED FOR THE FOLLOWING: - Include with order
<input type="checkbox"/> Attorney <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (Specify):

CHANGE(S) TO THE CERTIFICATE AND ORDER TOTALS	
<input type="checkbox"/> Correction** - made within the first year (No Charge) <input type="checkbox"/> Correction** - made after the first year \$20.00 **see back of form to enter correction information <input type="checkbox"/> Exchange (Corrections only)** \$5.00 each <input type="checkbox"/> Delayed Filing of a Record \$25.00 <i>Number of exchanges requested: _____</i>	\$
Total number of certificates ordered: ____ at \$16.00* each plus change(s) to certificate	\$
Need RUSH service? <input type="checkbox"/> YES if checked, enclose additional \$25.00* and write RUSH on envelope	\$
TOTAL AMOUNT DUE	\$

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IDAHO VITAL RECORDS LEGAL ACTION REQUEST INFORMATION

CERTIFICATE CHANGES AND DELAYED RECORD FILINGS

DEATH

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CORRECTION INFORMATION			
	Description of Item on the Certificate	Incorrect Information (as currently shown on the certificate)	Corrected Information (how it should be shown on the certificate)
EXAMPLE	<i>Mother's Last Name at Birth</i>	<i>Smithe</i>	<i>Smith</i>
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LEGAL ACTION RUSH FEES

\$25.00 one-time charge to RUSH this order. Write **RUSH** on the outside of your envelope.

SHIPPING

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IDAHO VITAL RECORDS LEGAL ACTION REQUEST FORM CERTIFICATE CHANGES AND DELAYED RECORD FILINGS MARRIAGE/DIVORCE

!THIS FORM SHOULD ONLY BE USED FOR REQUESTING A CHANGE TO A CERTIFICATE OR FILING A DELAYED RECORD!

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APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*	MAIL TO NAME - FIRST	MAIL TO NAME - LAST		
APPLICANT STREET ADDRESS*			MAIL TO STREET ADDRESS		
APPLICANT CITY*	APPLICANT STATE*	APPLICANT ZIP CODE*	MAIL TO CITY	MAIL TO STATE	MAIL TO ZIP CODE
APPLICANT DAYTIME CONTACT PHONE NUMBER*			APPLICANT EMAIL ADDRESS*		

Sign this request. Include a copy of both sides of applicant's picture ID with your payment. (See page 2 for ID information)

APPLICANT SIGNATURE*: X

CERTIFICATE INFORMATION (Available from May 1947)					
Number of ____ Certified Copies (computer generated)			Number of ____ Certified Photocopies (exact image)		
<input type="checkbox"/> MARRIAGE*			or	<input type="checkbox"/> DIVORCE*	
DATE OF MARRIAGE	CITY OF MARRIAGE IN IDAHO	STATE	DATE OF DIVORCE	CITY OF DIVORCE IN IDAHO	STATE
		IDAHO			IDAHO

<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> PARTNER			
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE	LAST NAME AT BIRTH
<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> PARTNER			
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