



INSTRUCTIONS TO REQUEST THE PROCESSING OF A COURT ORDERED NAME CHANGE ON AN IDAHO BIRTH CERTIFICATE

This packet provides the necessary instructions and forms to submit a request to our office to process a court ordered name change and order copies of the amended certificate. Idaho law only allows for a court ordered name change to the registrant's birth name. For example, if a parent obtains a court order to change their name, they cannot change their child's birth certificate to reflect their new name. The birth certificate must reflect the parent's information at the time of the child's birth. After the court ordered name change has been processed, the Idaho Bureau of Vital Records will issue an amended birth certificate if requested.

Summary Instructions

1. Read all information in this packet before completing the application.
2. The application information may be filled out online and printed or entered by hand. If entering the information by hand, use blue or black ink and make sure the information is neat and can be read.
3. There is a fee of \$20.00 to process a court ordered name change. Previously issued certified copies of the birth certificate **cannot** be exchanged. New certified copies of the amended certificate can be issued and are \$16.00 each.
4. Mail the packet to:
IDAHO VITAL RECORDS
PO BOX 83720
BOISE, IDAHO 83720-0036

Who can request to process a court ordered name change on an Idaho birth certificate?

- The Registrant (person listed on the birth certificate if 18 or older)
- The Parent(s) listed on the birth certificate
- The Legal Guardian (copy of court order that shows legal guardianship is required).

How do I request a court ordered name change to be processed on the birth certificate?

Complete and submit the application included in this packet along with the \$20.00 legal processing fee.

What is required to process a court ordered name change on the birth certificate?

A certified copy of a court order issued from a United States or Tribal Court is required with your request. The certified copy must contain the following:

- File date
- Original court seal
- Original court clerk's signature
- Name as currently listed on birth certificate
- New name to be listed on birth certificate
- Date of birth

My court order does not list a date of birth, what can I do?

Please complete the enclosed affidavit of one and the same person. This affidavit will need to be signed in the presence of a notary public and returned with the certified court order and application.

How long will it take to make the change on the record once the request has been submitted?

Legal amendment requests are processed in the order they are received in the Bureau, and response times vary depending on the volume of requests we receive. Please see our website for current estimated processing times. Incomplete requests will be significantly delayed. For those needing a quicker turnaround, they may choose to pay a legal amendment RUSH fee (\$25.00) to expedite the amendment. These typically have a one to two-week response time.



INSTRUCTIONS TO REQUEST THE PROCESSING OF A COURT ORDERED NAME CHANGE ON AN IDAHO BIRTH CERTIFICATE

How do I get a copy of the amended birth certificate?

To order a copy of the amended birth certificate, fill out the IDAHO VITAL RECORDS LEGAL ACTION REQUEST form. It is at the end of this packet. Carefully review the information on the back of the form to ensure that it is filled out completely. Proper identification and payment are required. If they are not included, the request for the certificate will be significantly delayed. Ordering a copy of the amended record is optional. If the applicant wants a copy of the original birth certificate, it must be ordered before requesting the name change.

What are the associated fees?

- \$20.00 application fee
- \$25.00 legal amendment RUSH fee to add expedited service (optional). Please note that RUSH service is requested by writing RUSH on the front of the envelope and including the RUSH fee.
- \$16.00 fee for each copy of the amended certificate requested.
- There is no shipping charge for regular mail. If express mail is desired, the applicant can express mail the application materials to us and include a prepaid express mail envelope for the return.

Who do I contact if I have more questions?

- healthandwelfare.idaho.gov/vitalrecords for forms and general ordering information.
- ivrla@dhw.idaho.gov to email questions to the Bureau of Vital Records and Health Statistics.
- 208-334-5980 once in the phone menu, select option 4.
- Mail the application to:
IDAHO VITAL RECORDS
ATTN: LEGAL AMENDMENTS
PO BOX 83720
BOISE IDAHO 83720-0036

CHECKLIST

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Complete APPLICANT and REGISTRANT information has been provided<input type="checkbox"/> A copy of your identification with visible signature and expiration date is enclosed<input type="checkbox"/> A certified copy of the court order is enclosed<input type="checkbox"/> Affidavit of one and the same person is enclosed (if applicable)<input type="checkbox"/> The request form has been completed, reviewed, and signature has been included (if an amended certificate is desired)<input type="checkbox"/> Appropriate fees have been included<input type="checkbox"/> Mail to:
IDAHO VITAL RECORDS
ATTN: LEGAL AMENDMENTS
PO BOX 83720
BOISE, IDAHO 83720-0036 | Fees:
\$20.00 application fee
\$16.00 certificate fee (per certificate)
\$25.00 Legal Amendment RUSH fee (optional) |
|---|---|



APPLICATION TO REQUEST THE PROCESSING OF A COURT ORDERED NAME CHANGE ON AN IDAHO BIRTH CERTIFICATE

This application is for the processing of a court ordered name change on an Idaho birth certificate only. This is NOT an order form. To order a certificate, use the request form on the next page.

APPLICANT INFORMATION				
Applicant's current legal name:	First	Middle	Last	Suffix
Applicant's relationship to registrant:	<input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN (provide copy of court ordered guardianship)			
CURRENT REGISTRANT INFORMATION TO LOCATE THE BIRTH RECORD TO BE AMENDED				
Full name as it currently appears on the birth record:	First	Middle	Last	Suffix
Date of birth:	MM/DD/YYYY	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
Place of birth:	City	County (if known)	State IDAHO	
Mother/Parent full name on registrant's birth certificate:	First	Middle	Last	
Father/Parent full name on registrant's birth certificate:	First	Middle	Last	
COURT ORDER INFORMATION				
Court Case Number:		Date of Court Order:	MM/DD/YYYY	
State or Tribe issuing Court Order:		County issuing Court Order:		
Change the name to:	First	Middle	Last	Suffix
SIGNATURE INFORMATION				
PER IDAHO CODE 39-273: FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING ANY CERTIFICATE IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS OR BOTH.				
<input type="checkbox"/> I have enclosed a certified copy of the court order to support the change. Please process the name change. ♦ A certified copy of the court ordered name change will contain the file date, the original court seal, and the court clerk's original signature.				
_____ Printed name of Applicant		_____ Signature of Applicant		
Date:	Mailing address, including Apt Number or PO Box, City, State, Zip Code of Applicant:			
Daytime Telephone number of Applicant:		Email address of Applicant:		
<input type="checkbox"/> I have included a photocopy of my ID				



IDAHO VITAL RECORDS LEGAL ACTION AND CERTIFICATE REQUEST FORM 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*:  _____

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	Number of exchanges requested: _____
<input type="checkbox"/> Paternity \$20.00	<input type="checkbox"/> Adoption \$20.00
<input type="checkbox"/> Surrogacy \$20.00	
<input type="checkbox"/> Delayed Record Filing \$25.00	<input type="checkbox"/> Court Ordered Name Change \$20.00
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 AND CERTIFICATE REQUEST INFORMATION 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• 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.**



AFFIDAVIT OF ONE AND THE SAME PERSON

APPLICANT INFORMATION		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
MAILING ADDRESS, INCLUDING APT NUMBER OR PO BOX, CITY, STATE, ZIP CODE:		
DAYTIME CONTACT PHONE NUMBER:		EMAIL ADDRESS:
REQUEST TYPE: <input type="checkbox"/> COURT DETERMINATION OF PATERNITY* <input type="checkbox"/> COURT ORDERED NAME CHANGE*	RELATIONSHIP TO REGISTRANT (CHILD): <input type="checkbox"/> SELF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN (Provide proof of relationship)	
*All affidavits must be submitted with a certified court order from a court of competent jurisdiction.		
COURT ORDER #: (LOCATED ON FRONT PAGE OF ORDER)		STATE OR TRIBAL COURT ISSUING ORDER:

REGISTRANT (CHILD) INFORMATION		
FIRST NAME ON THE BIRTH CERTIFICATE:	MIDDLE NAME ON THE BIRTH CERTIFICATE:	LAST NAME ON THE BIRTH CERTIFICATE:
DATE OF BIRTH:		CITY OF BIRTH IN IDAHO:
FIRST NAME INDICATED IN COURT ORDER:	MIDDLE NAME INDICATED IN COURT ORDER:	LAST NAME INDICATED IN COURT ORDER:
MOTHER'S FIRST NAME:	MOTHER'S MIDDLE NAME:	MOTHER'S LAST NAME BEFORE FIRST MARRIAGE:
FATHER'S FIRST NAME:	FATHER'S MIDDLE NAME:	FATHER'S LAST NAME:
FATHER'S DATE OF BIRTH:		FATHER'S STATE OR COUNTRY OF BIRTH:

NOTARIZATION		
I affirm the information on this affidavit is true and correct and that the registrant referred to in the attached court order is one and the same person. I further request the birth certificate be amended to reflect the order issued by the court.		
APPLICANT'S PRINTED NAME:		DATE SIGNED:
APPLICANT SIGNATURE:		
Subscribed and sworn before me this _____ day of _____, 20____		
STATE OF:		(seal)
COUNTY OF:		
Notary Public:		
My Commission expires:		
Residing at:		