



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"/> Delayed Record Filing \$25.00 <input type="checkbox"/> Paternity \$20.00 <input type="checkbox"/> Adoption \$20.00 <i>Number of exchanges requested: _____</i> | |
| <input type="checkbox"/> Court Ordered Name Change \$20.00 <input type="checkbox"/> Gender Change (name change included) \$20.00 <input type="checkbox"/> Surrogacy \$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 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.**