



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

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](mailto: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"> <li>• Driver's License</li> <li>• State ID card</li> <li>• Passport</li> <li>• Tribal ID card</li> <li>• Concealed Weapons Permit</li> <li>• Prison ID card</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card with signature</li> <li>• Work ID card with picture or signature</li> <li>• Auto registration with signature</li> <li>• Traffic ticket with signature</li> <li>• Court record with signature</li> <li>• College/School ID with picture</li> </ul>	<ul style="list-style-type: none"> <li>• Matricula card with signature</li> <li>• Insurance record</li> <li>• Auto insurance</li> <li>• Driver Permit</li> <li>• Pay stub</li> <li>• Hunting/Fishing license</li> <li>• Passport card</li> </ul>
		<ul style="list-style-type: none"> <li>• Notarized signature on the request</li> <li>• 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)</li> </ul>

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)
<b>EXAMPLE</b>	<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](http://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](http://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.**