

REQUEST FOR A NEW BIRTH CERTIFICATE
DPHHS - VITAL RECORDS & HEALTH STATISTICS BUREAU

Effective January 1, 1996, MCA 50-15-223 allows a new birth certificate to be created for a person born in Montana upon the determination of paternity.

SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY EITHER:

1. A Certified Court Order determining paternity of the child.
2. A notarized acknowledgment of paternity signed by both parents.

AND THE APPROPRIATE FILING FEE.

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)

First Middle Last

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: _____	I certify that I am the father and the above information is true. Father's Signature: _____ Address: _____ City, State, Zip: _____
State of: _____ County of: _____ On this _____ day of _____ 20____ _____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and she acknowledged that she executed it. _____ Signature of Notary Public _____ Printed name of Notary Notary Public for the State of: _____ Residing at _____ My commission expires _____ Notary Seal	State of: _____ County of: _____ On this _____ day of _____ 20____ _____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he acknowledged that he executed it. _____ Signature of Notary Public _____ Printed name of Notary Notary Public for the State of: _____ Residing at _____ My commission expires _____ Notary Seal