

<b>Official use only</b>
File no.: _____
Z#: _____

**Supplemental Report to Add Omitted Data  
to a Birth Record within 12 Months of Event**

<b>Birth record</b>	Name: _____
	Date: _____
	Place: _____

This form cannot be used to add, change or delete a parent name or move the location of any part of the child's name.

**Entry or item to be added:**

**Information to be added to record:**


It is a Class C felony for any person to make a false statement or supply false information in an application for an amendment of a birth or death record.

**To add child's given name(s), both parents, or legal guardian with documentation, must sign below if listed on record.**

**Mother or Parent A**

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Notary signature: \_\_\_\_\_

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**Father or Parent B**

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Notary signature: \_\_\_\_\_

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**Legal guardian**

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Notary signature: \_\_\_\_\_

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