

Local
File
Number

GEORGIA DEPARTMENT OF HUMAN RESOURCES

**State Of Georgia
Amended Birth Certificate**

State
File
Number 110-

Child's Name	First	Middle	Last	Sex	Hour Of Birth	Date Of Birth (Mo., Day, Yr.)
City, Town Or Location Of Birth						County Of Birth
Mother (Maiden Name)	First	Middle	Last	Date Of Birth (Age)		State Of Birth
Father's Name	First	Middle	Last	Date Of Birth (Age)		State Of Birth
Item Omitted Or In Error			Birth Certificate Shows			Should Be
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				Present Address Of Registrant (Street or R.F.D. No., City, Town, State, Zip)		
(signature of Registrant or parent)						
(Signature of Notary)				Subscribed and sworn to before me on (Mo. Day, Yr.)		
(Impress Seal Here)				My Commission Expires (Mo., Day, Yr)		

APPLICANT—DO NOT WRITE BELOW THIS LINE

Name and Kind Of Documentary Evidence (Include By Whom and Date Issued)				Original Document Date
Information Concerning Registrant As Stated On Document Of Corresponding Document Above				
Birthdate Or Age	Birthplace	Name Of Father	Name Of Mother	
Additional Information Or Explanation:				
I certify that as an official representative of the state registrar, I have examined the evidence and the information contained therein as indicated above.		Signature Of Certifier		Date Signed (Mo., Day, Yr.)
Signature Of State Registrar		Original Birth Certificate File Date (Mo., Day, Yr.)		