



Pursuant to section 68.07(4) , on filing the final judgment, the clerk shall, if the birth occurred in this state, send a report of the judgment to the Department of Health, Bureau of Vital Statistics. The form shall contain sufficient information to identify the original birth certificate of the person, the new name, and the file number of the judgment.

MAIL COMPLETED AND CERTIFIED FORMS TO:  
Department of Health, Bureau of Vital Statistics, ATTN:Corrections Unit  
P. O. Box 210, Jacksonville, Florida 32231-0042, .

Provide the following information to identify the birth certificate of the person whose name has been changed.

Name at Birth: \_\_\_\_\_  
First Middle Last Maiden, if Female

Subsequent Name Change, if applicable: \_\_\_\_\_  
First Middle Last Maiden, if Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State

Full Name of Mother, including Maiden Last: \_\_\_\_\_  
First Middle Maiden Last

### INSTRUCTIONS

Please type using black ribbon. Alteration of information by use of correction fluid or other methods will make this form unacceptable for filing by Vital Statistics and the form will be returned

If the person whose name has been changed is female, please list both her legal maiden last name and her legal last name under "Name as Decreed by Court." If name change is to restore a maiden surname, this report will not be attached to the original birth record, but will be retained in the files of the Office of Vital Statistics.